Federal Information Return Form 990

Allied Churches of Alamance County, Inc

July 1, 2012 through June 30, 2013

Cynthia C. Perry, CPA 2236 Pine Knoll Terrace Burlington, NC 27217-3177

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

		ue Service	In denote the design of the second se		-				_	Ispeci		
			lendar year, or tax year beginning C Name of organization Allied Church	7/1/2012	•	ending		/30/2	013 entification r	umbar		
		applicable:	7 111100 0110101	nes of Alamance County	, Inc		-		intinication i	lullibei		
二	ddress	ŭ	Doing Business As	1.1. 1 11 .	ln / :		56-15533					
=	lame ch	-	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite		E Teleph	one nu	mber			
" ك	nitial retu	ırn	P.O. Box 2581				(336) 229	-088	1			
דַ	erminate	ed	City, town or post office, state, and ZIP code									
A	mended	d return	Burlington	NC	27216	-2581	G Gross r	eceipts	s \$		836,257	
	pplication	on pending	F Name and address of principal officer:			H(a) I	s this a group r	eturn f	or affiliates?	Y6	s X No	
			William Austin 206 North Fisher St, E	Burlington, NC 27217		H(b) /	Are all affiliates	includ	ed?	Ye	s No	
I Ta	ax-exem	pt status:	X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	,	f "No," attach a	a list. (s	see instructio	ns)		
JW	/ebsite	e: ► ww\	w.alliedchurches.org	<u> </u>		H(c) (Group exemption	n num	ber ►			
		rganization:		ation Other ►	l v	ear of for		1	M State of le	anal domic	ile: NC	
				ation Other >	-'	eai oi ioi	mation: 198	ю	W State of R	egai donnic	le: NC	
	art I		mmary	most significant setivities	. D.	vida ak	oltor and fa	od fo	w 4h a			
	1	-	lescribe the organization's mission or ss, offer support to those that desire to	_			elter and fo	100 10	or trie			
ø			thers in the community with financial a									
anc				issistance for enlergency	riouserio	iu utilitie	70					
Activities & Governance	_	needs & prescription medicines. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
ô	2				-			1	1	ets.	4.4	
∞ ඊ ග	3		of voting members of the governing b					_	3		14	
/itie	4		of independent voting members of the imber of individuals employed in caler						1 5		14 22	
Ċţ	5 6		imber of individuals employed in caler imber of volunteers (estimate if neces	•	,			- 6			300	
۹	7a		related business revenue from Part V					7			0	
	b		elated business revenue from Fart v	* *				7			0	
	, D	ivet unit	sated business taxable income nomi	OIIII 990-1, IIIIE 34	<u></u>		Prior Year			Current Y		
	8	Contribu	utions and grants (Part VIII, line 1h) .			+		211,2		Ourrent 1	805,984	
ne	9		n service revenue (Part VIII, line 2g).					- 1 1,2	0		19,048	
Revenue	10	Investme		1,654				-5,632				
ά.	11			3,355				3,331				
	12		evenue (Part VIII, column (A), lines 5, venue—add lines 8 through 11 (must equ		216,237				822,731			
	13		and similar amounts paid (Part IX, colu				0				0	
	14		s paid to or for members (Part IX, colu				0				0	
"	15		other compensation, employee benefits				211,223				447,501	
ses	16a		ional fundraising fees (Part IX, column		,				0		0	
Expenses	b		ndraising expenses (Part IX, column (* **	38.22	3						
û	17		xpenses (Part IX, column (A), lines 11	* * * * * * * * * * * * * * * * * * * *		-	1	33,96	60		401,761	
	18		penses. Add lines 13-17 (must equal				3	45,18	83		849,262	
	19		e less expenses. Subtract line 18 fron				-1	28,94	46		-26,531	
Net Assets or Fund Balances						Begi	nning of Curre	ent Yea	ar	End of Ye	ar	
sets alan	20	Total as	sets (Part X, line 16)				7	'49,0	18		715,573	
t As	21	Total lial	bilities (Part X, line 26)					57,2	58		48,176	
ΣĒ	22	Net asse	ets or fund balances. Subtract line 21	from line 20			6	91,76	60		667,397	
Pa	rt II	Sig	nature Block									
			y, I declare that I have examined this return, inclu	. , ,					•			
and t	belief, it i	s true, corre	ect, and complete. Declaration of preparer (other	than officer) is based on all infor	rmation of wh	ich prepa	rer nas any kno	owleag	e.			
Sig	n		0: / //									
Her			Signature of officer		D	-1-11	Date					
			William Austin		Pre	esident,	Board of D	irecto	ors			
		Print	Type or print name and title t/Type preparer's name	Preparer's signature		1.0	ate		i	PTIN		
Pai	Ч	Filli	w rypo preparer a name	i reparer a signature		ا ا	uic	Chec	k X if	I IIIN		
	u parer	. Cyn	nthia C. Perry, CPA	Cynthia C. Perry, CPA		1	1/14/2013	self-e	employed	P00262	087	
	Parer Only		n's name ► Cynthia C. Perry, CPA				Firm's EIN	▶ 26	5-2441063	_ _		
USC	, Om	, —	n's address ▶ 2236 Pine Knoll Terrace,	Burlington, NC 27217-31	Phone no. (336) 229-4567							
May	the IC	•	ss this return with the preparer shown				•		-	Yes	X No	
iviay	uio II	· uiscus	o and retain wan are preparer shown		<i>,,</i>					162	/\ INU	

Form 9	990 (2012) Allied Churches of Alamance County, Inc	56-1553388	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		. X
1	Briefly describe the organization's mission: Provide food & shelter for the homeless, offer support to those that desire to develop or		
2	Did the organization undertake any significant program services during the year which were not listed the prior Form 990 or 990-EZ?		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X Yes	No
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants at the total expenses, and revenue, if any, for each program service reported.	=	
4a	(Code:) (Expenses \$ 417,754 including grants of \$) (Reference of the homeless and case management support. Also, provide financial assistance to rehouse the homeless and provide financial assistance with rent.	evenue \$ 521	,422)
4b	(Code:) (Expenses \$ 71,190 including grants of \$) (Re Offer support to those that desire to develop or enhance their life goals, including computer skills training and job resource skills.		
4c	(Code:) (Expenses \$ 179,985 including grants of \$) (Real Assist with meeting emergency utilities' needs & prescription medicines for residents of Alamance County.	evenue \$ 146	,974)

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

Total program service expenses

4e

(Expenses \$ 0 including grants of \$

0)(Revenue \$

668,929

Εψ

0)

Part IV

56-1553388

			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	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
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		Χ
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		Х
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.	5		Х
c		3		^
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	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		~
•	·			Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
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	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	44-	V	
	Schedule D, Part VI	11a	Χ	
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? <i>If</i> "Yes," <i>complete Schedule D, Part VII.</i>	11b		Χ
С	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		Χ
d	- 14 11 1 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	,		V	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>	11f	Χ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	40-		
	Schedule D, Parts XI and XII	12a	Χ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	401		v
40	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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	14b		Χ
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	15		Χ
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	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	ا جر		V
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.	, l	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
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	10		~
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		^
~				

Checklist of Required Schedules (continued)

Page 4

Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 Χ 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? If "Yes," complete Schedule I, Parts I and III 22 Χ 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 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Χ Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Χ 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a **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 25b Χ 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. . . Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 Χ Χ 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37 Χ 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.

Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
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 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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		Χ
b	If "Yes," enter the name of the foreign country:			
	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		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	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 as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		V
L	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		X
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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Χ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	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 l/la	Enter the amount of reserves on hand	14a		X
l4a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b	\vdash	^
J	π. του, παυ κπισα α τοιπτέο το ισροίττισος ραγιποπώ: π. Νυ, μιονίας απ ελριαπατίοι πι ουπουίλε Ο .	1 70		

Part VI

Sect	ion A. Governing Body and Management							
	<u> </u>			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	•	1b 14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship							
	any other officer, director, trustee, or key employee?	•	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the		_					
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa	-	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		X			
6								
7a	Did the organization have members of stockholders, or other persons who had the power to elect or a		6		Х			
1 a	one or more members of the governing body?		7a		Χ			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		1 a					
b	stockholders, or persons other than the governing body?		7h		Χ			
0	Did the organization contemporaneously document the meetings held or written actions undertaken		7b					
8	the year by the following:	i during						
•	The governing body?		8a	Χ				
a	Each committee with authority to act on behalf of the governing body?		8b	X				
ь 9			OD	^				
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							
Soot	ion B. Policies (This Section B requests information about policies not required by the I		9	1	Χ			
<u> </u>	ion b. Foncies (This Section b requests information about policies not required by the r	memai Nevenue C	oue.	/ 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 c							
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt pur		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	·g		, ,				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		12b	X				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "							
	describe in Schedule O how this was done		12c		Χ			
13	Did the organization have a written whistleblower policy?		13		X			
14	Did the organization have a written document retention and destruction policy?		14		Χ			
15	Did the process for determining compensation of the following persons include a review and approve							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation a							
а	The organization's CEO, Executive Director, or top management official		15a	Х				
b	Other officers or key employees of the organization		15b		Х			
	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 arrange	ement						
	with a taxable entity during the year?		16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg							
	the organization's exempt status with respect to such arrangements?		16b					
Sect	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► Not applicable							
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.							
		plain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict of interest						
	policy, and financial statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books a							
	organization: William Austin	(336) 229-08	81					
	206 N. Fisher St, Burlington, NC 27216							

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56-1553388

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Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Posi (do not check r box, unless per officer and a di officer individual trustee or director				than c is both	an	(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
(1) Hunter Thompson	40.00									
Executive Director		Χ						22,250		1,875
(2) Leo Welsh	40.00									
Executive Director		Χ						24,859		910
(3) Kim Crawford	40.00									
Executive Director		Х						22,125		0
(4) SEE ATTACHED-None are compensated	0.75									
Board Members		Х								
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than on box, unless person is both a officer and a director/trustee linstitutional trustee or director or director linstitutional trustee line)			an	(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		of tion e on ed			
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total	ection A	 	 <u></u> abov	e) v	 	· ·	>	69,234 0 69,234 I more than \$100	(0,000 of)		2,785 0 2,785
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>	ector, or trustee,	-	emp	-		_		•		3	Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	of reportable con	npens	satic	n a	nd o	other	con	npensation from	h 	4		Х
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			-			_			E		
Sec	tion B. Independent Contractors	es, complete st	meac	ile J	101	Suc	n pei	SUL	<u> </u>		5		X
1	Complete this table for your five highest compe compensation from the organization. Report co year.										tax		
	(A) Name and business addr	ress							(B) Description of ser	vices	(C Comper		
NON	E												0
													0
													0
2	Total number of independent contractors (include more than \$100,000 of compensation from the	-	ted to	tho	se I	iste	d abo	ve)	who received				J

Part VIII Statement of Revenue

		Check if Schedule O contains a response	to a	any question in th	is Part VIII			📙
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
g s	1a	Federated campaigns	1a	34,185				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
, Gi	С	Fundraising events	1c	55,429				
ifts ar A	d	Related organizations	1d	0				
s, G milk	е	Government grants (contributions)	1e	24,580				
tion er Si	f	All other contributions, gifts, grants, and						
ibur		similar amounts not included above	1f	691,790				
ontr od G	g	Noncash contributions included in lines 1a-1f:	\$	0				
g g	h	Total. Add lines 1a–1f			805,984			
ē				Business Code	· I			
eun	2a	Program fees		624200	19,048	19,048		
Rev	b		_		0	-,-		
<u>ic</u>	С		_		0			
er	d				0			
E	е		-		0			
Program Service Revenue	f	All other program service revenue	-		0			
Pro	g	Total. Add lines 2a–2f			19,048			
	3	Investment income (including dividends, inte						
		other similar amounts)			3,651			3,651
	4	Income from investment of tax-exempt bond	prod	ceeds ►	0			
	5	Royalties		▶	0			
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of (i) Securiti	es	(ii) Other				
		assets other than inventory	0	0				
	b	Less: cost or other basis						
		and sales expenses	0					
	С	Gain or (loss)	0	-9,283				
	d	Net gain or (loss)		▶	-9,283			
ne	8a	Gross income from fundraising						
'en		events (not including \$ 52,172						
Other Revenue		of contributions reported on line 1c).						
ř		See Part IV, line 18	а	3,257				
the	b	Less: direct expenses	b	4,243				
0	С	Net income or (loss) from fundraising events			-986			
	9a	Gross income from gaming activities.						
		See Part IV, line 19	а	0				
	b	Less: direct expenses	b	0				
	С	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				
	С	Net income or (loss) from sales of inventory			0			
		Miscellaneous Revenue		Business Code				
	11a	Miscellaneous		624200	4,317	4,317		
	b		_		0			
	С		-		0			
	d	All other revenue			0			
	е	Total. Add lines 11a–11d			4,317			
	12	Total revenue. See instructions			822,731	23,365	0	3,651

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).	
	_

	Check if Schedule O contains a response to any q	uestion in this Part I	IX		
	not include amounts reported on lines 6b, 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	70,594	39,148	28,356	3,090
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0	0	0	0
7	persons described in section 4958(c)(3)(B)	0	0	0 39,779	10.055
7	Other salaries and wages	297,644	238,010	39,779	19,855
8	Pension plan accruals and contributions (include	4 202	2,992	688	E00
9	section 401(k) and 403(b) employer contributions) Other employee benefits	4,202 31,543	23,356	4,538	522 3,649
10	Payroll taxes	43,518	33,192	8,227	2,099
11	Fees for services (non-employees):	40,010	33,192	0,221	2,099
a	Management	0			
b	Legal	0			
C	Accounting	9,117	439	8,678	
d	Lobbying	0,117	100	0,070	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	328		328	
g	Other. (If line 11g amount exceeds 10% of line 25, column			3-0	
Ŭ	(A) amount, list line 11g expenses on Schedule O.)	2,562	1,718	252	592
12	Advertising and promotion	2,273	1,482	400	391
13	Office expenses	39,610	35,150	3,332	1,128
14	Information technology	4,642	3,046	1,421	175
15	Royalties	0			
16	Occupancy	62,732	59,219	2,357	1,156
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	3,626		3,626	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	40,516	13,975	26,541	0
23	Insurance	13,823	8,617	4,765	441
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.)	475.000	475.000	0	
a	Program services restricted	175,066	175,066	0	0
b	Repairs & Maintenance	15,044	13,513	1,083	448
۲ C	Printing & Newsletters	5,595	5,315	189	91
d	Vehicle expenses All other expenses Other	12,777	12,507	248	22
е 25	All other expenses Other Total functional expenses Add lines 1 through 24e	14,050 849,262	2,184 668,929	7,302 142,110	4,564
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	849,262	000,929	142,110	38,223
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

56-1553388

Part X Balance Sheet

Cash—non-interest-bearing			Check if Schedule O contains a response to any question in this Part X			
2 Savings and temporary cash investments. 2 2 3 Peldeges and grains receivable, net. 0 3 0 0 4 0 0 4 0 0 4 0 0						
3 Pledges and grants receivable, net 0 3 0 0 4 Accounts receivable, net 0 4 0 0 5 Loans and other receivables from current and former officers, directors, trustesses, key employees, and highest compensated employees.		1	Cash—non-interest-bearing	145,735	1	74,587
A Accounts receivable, net. 0 4 0		2			2	
Secure Secure		3			3	0
Trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. S		4	Accounts receivable, net	0	4	0
Complete Part II of Schedule L. 5		5	Loans and other receivables from current and former officers, directors,			
1						
999			·		5	
y sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part I of Schedule L		6	· · · · · · · · · · · · · · · · · · ·			
organizations (see instructions). Complete Part II of Schedule L			17177			
9 Prepaid expenses and deferred charges						
9 Prepaid expenses and deferred charges	ets					
9 Prepaid expenses and deferred charges	\ss	7				0
10a	٩	8			8	
the basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 10b 480,192 506,256 10c 462,945 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 0 12 0 13 13 Investments—program-related. See Part IV, line 11 0 13 0 14 0 15 14 Intangible assets . 15 Other assets. See Part IV, line 11 7,425 15 87,854 16 Total assets. Add lines 1 through 15 (must equal line 34) 749,018 16 715,573 17 Accounts payable and accrued expenses 4,984 17 693 18 Grants payable . 19 Deferred revenue . 20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . 24 Unsecured notes and loans payable to unrelated third parties . 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 Total liabilities. Add lines 17 through 25 . 27 Unrestricted net assets . 28 Temporarily restricted net assets . 29 Permanently restricted net assets . 20 Capital stock or trust principal, or current funds . 30 Capital stock or trust principal, or current funds . 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 Paid-in or capital surplus, or land, building, or equipment fund . 32 Retained earnings, endowment, accumulated income, or other funds . 33 Total net assets or fund balances . 691,760 33 667,397		9		5,542	9	5,835
b Less: accumulated depreciation. 10b 480,192 506,256 10c 462,945 11		10a				
11 Investments—publicly traded securities 84,060 11 84,352 12 Investments—other securities. See Part IV, line 11 0 12 0 0 13 0 0 14 Intangible assets 0 14 14 0 0 14 0 0 14 0 0 14 0 0 14 0 0 14 0 0 14 0 0 0 14 0 0 0 0 0 0 0 0 0			· · · · · · · · · · · · · · · · · · ·			
12 Investments—other securities. See Part IV, line 11. 0 12 0 0 13 10 14 10 14 10 15 15 15 15 15 15 15		b				
13 Investments—program-related. See Part IV, line 11. 0 13 0 0 14 10 11 11 11 11		11				
14		12				
15 Other assets. See Part IV, line 11 7,425 15 87,854 16 Total assets. Add lines 1 through 15 (must equal line 34) 749,018 16 715,573 17 Accounts payable and accrued expenses 4,984 17 693 18 Grants payable 18 18 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 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 52,274 25 47,483 26 Total liabilities. Add lines 17 through 25 57,258 26 48,176 27 Unrestricted net assets 608,811 27 503,943 28 Temporarily restricted net assets 2,949 28 83,454 29 Permanently restricted net assets 2,949 28 83,454 29 Permanently restricted net assets 30 0 29 80,000 29 Permanently restricted net assets 30 30 31 30 Capital stock or trust principal, or current funds 31 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 691,760 33 667,397		13	· -			
16			-			
17		15				
18 Grants payable 18 19 Deferred revenue 19 Deferred revenue 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 0 0 0 0 0 0 0 0						
Part X of Schedule D. Total liabilities. Add lines 17 through 25. Total liabilities 27 through 29, and lines 33 and 34. Unrestricted net assets. Corganizations that follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Toganizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Total liabilot sock or trust principal, or current funds. 20 Total net assets or fund balances						693
20 Tax-exempt bond liabilities					_	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		_			_	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		_			_	
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					21	
Unsecured notes and loans payable to unrelated third parties	ies	22				
Unsecured notes and loans payable to unrelated third parties	Ħ					
Unsecured notes and loans payable to unrelated third parties	iak					
Total 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	_					
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				0	24	0
Part X of Schedule D		25				
26 Total liabilities. Add lines 17 through 25				50.074	25	47.400
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		26				· · · · · · · · · · · · · · · · · · ·
Complete lines 27 through 29, and lines 33 and 34. 27 503,943 28 Temporarily restricted net assets		20			20	40,170
30 Capital stock or trust principal, or current funds	S			d		
30 Capital stock or trust principal, or current funds	uce u		•			
30 Capital stock or trust principal, or current funds	ala					
30 Capital stock or trust principal, or current funds	Ä					
30 Capital stock or trust principal, or current funds	P	29	Permanently restricted net assets	. 80,000	29	80,000
30 Capital stock or trust principal, or current funds	or Fu		· · · · · · · · · · · · · · · · · · ·	d		
33 Total fiet assets of fulfid balances	ts	30			30	
33 Total fiet assets of full abilities	SSE					
33 Total fiet assets of fulfid balances	t A					
	Se					667 397

Part	XI Reconciliation of Net Assets					
	Check 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			822	2,731
2	Total expenses (must equal Part IX, column (A), line 25)	2			849	,262
3	Revenue less expenses. Subtract line 2 from line 1	3			-26	6,531
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			691	,760
5	Net unrealized gains (losses) on investments	5			2	2,067
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				101
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10			667	7,397
Part						
	Check if Schedule O contains a response to any question in this Part XII				. [
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ 1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. [2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in		· ·			
	Schedule O.					
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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		F			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
		_				_

Form **990** (2012)

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172
2012
Attachment

Department of the Treasury
Internal Revenue Service

(99)

 Sequence No. 179

Identifying number Business or activity to which this form relates Name(s) shown on return Allied Churches of Alamance County, Inc. 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. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 0 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . 5 0 6 (a) Description of property Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 9 0 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 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. 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 14 15 **16** Other depreciation (including ACRS) . . . 16 11,656 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2012 27,215 18 If you are electing to group any assets placed in service during the tax year into one or more Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery year placed (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction in service only-see instructions) **19 a** 3-year property **b** 5-year property 7-year property **d** 10-year property 6,488 15 HY 150DB e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM property i Nonresidential real MM S/L 39 yrs. MM S/L property Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20 a Class life S/I **b** 12-year 12 yrs. MM S/L c 40-year 40 yrs. Part IV Summary (See instructions.) 21 1,321 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 40,516 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

Page 2

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

		-	างr พกเсก you ai ns (a) through (c	•			•			•	•	ise, con	npiete		
			n and Other Inf									nger au	ıtomobii	les.)	
24a	Do you have evidence					Yes				"Yes," is				Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	1	(d) (e) Basis for depreciation (business/ investment use only)		Basis for depreciation (business/ investment		Recovery Meth		(g) Method/ Convention		h) ciation uction	Elected se	i) ection 179
25	Special depreciation			ed prope	erty pla		•	rina	period	0011	Cition	ucuc	iction		731
	the tax year and us										25				
26	Property used more					(555						1			
1990	Ford Renger	9/30/2010	100.00%		4,000		4,0	00	5	S/L	- HY		800		
Hi top		2/28/2012	100.00%		2,603		2,6		5		- HY		521		
					·										
27	Property used 50%	or less in a	qualified busines	ss use:		•				•		•			
			%							S/L -					
			%							S/L -					
			%							S/L -					
28	Add amounts in co	lumn (h), line	s 25 through 27	. Enter	here ar	nd on line	e 21, pag	ge 1			28		1,321		
29	Add amounts in co	lumn (i), line	26. Enter here a	ınd on I	ine 7, p	age 1 .							29		C
							n Use o								
	elete this section for ve										-		d vehicle	es to	
your e	employees, first answe	er the question	s in Section C to s	see if yo	u meet a	an except	tion to coi	mplet	ting this s	ection fo	those v	ehicles.		ı	
				(a) Vehicle 1			b) icle 2	,	(c) √ehicle 3		(d) nicle 4		e) iolo 5		f) cle 6
30	Total business/inves		· ·	Ven	iicie i	Ven	ICIE Z		verilcie 3		iicie 4	ve 4 Vehicle 5		Veni	cie o
24	the year (do not incl		-												
31	Total commuting mile		-									1			
32	Total other personal miles driven		ig)												
33												-			
33	Total miles driven du Add lines 30 through	•													
34	Was the vehicle avai			Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
0.7	during off-duty hours			103	140	103	110	10	.3 110	103	110	103	110	103	140
35	Was the vehicle used														
	5% owner or related														
36	Is another vehicle av														
			-Questions for I	Employ	ers W	no Provi	de Vehi	cles	for Use	bv Thei	r Empl	ovees	I	I	
Answ	er these questions t									-	_	-	ho		
	ot more than 5% ow		-	-								•			
37	Do you maintain a w					use of ve	ehicles, ir	cludi	ing comn	nuting,				Yes	No
	by your employees?														
38	Do you maintain a w	ritten policy sta	atement that prohi	bits per	sonal us	e of vehi	cles, exce	ept co	ommuting	, by your	employ	ees?			
	See the instructions	for vehicles us	ed by corporate o	fficers,	directors	s, or 1% c	or more ov	wners	s						
39	Do you treat all use of	of vehicles by	employees as per	sonal us	se?										
40	Do you provide more	than five vehi	icles to your emplo	oyees, c	btain inf	formation	from you	ır em	ployees	about					
	the use of the vehicle	-													
41	Do you meet the req														
	Note: If your answer		, 40, or 41 is "Yes	s," do no	t comple	ete Section	on B for t	he co	overed ve	ehicles.					
Part	VI Amortiz	zation									1			ı	
		(a)			(b)		(c)			(d)		(e) Amortizatio	n		f)
	Descrip	tion of costs			amortizatio pegins	on Am	nortizable a	moun	nt Coo	e section		period or percentage		Amortization	tor this yea
42	Amortization of cas	ete that basis	e during vour 20	l .		oo inctrii	ctions):					,	-	<u> </u>	
42	Amortization of cos	sis iriai begin	s during your 20	ı∠ lax	year (Se	e iristru 	cuons):								
43	Amortization of cos	sts that hegar	n before your 20	12 tax v	/ear				ı		1		43		
	Total Add amount	-	=	-				•				•	44		

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Inspection

OMB No. 1545-0047

Employer identification number Allied Churches of Alamance County, Inc 56-1553388 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) Х 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 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). 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.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. Type II c Type III–Functionally integrated d Type III–Non-functionally integrated 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? Yes Nο Yes Nο Yes No (A) (B) (C) (D) (E) 0 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.)

	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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. (se	·				12	
13	First five years. If the Form 990 is for the org	•			•	. , , ,	
	organization, check this box and $\ensuremath{\mathbf{stop}}$ here .						>
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2012 (line 6, co	olumn (f) divided	by line 11, co	lumn (f))		14	0.00%
15	Public support percentage from 2011 Schedu	ile A, Part II, line	e 14			15	0.00%
16a	33 1/3% support test—2012. If the organizat	ion did not ched	ck the box on li	ne 13, and line	14 is 33 1/3% (or more, check	this box
	and stop here. The organization qualifies as	a publicly supp	orted organizat	ion			▶
b	33 1/3% support test—2011. If the organizat	ion did not ched	ck a box on line	: 13 or 16a, and	l line 15 is 33 1	/3% or more, ch	neck this
	box and stop here. The organization qualifies	s as a publicly s	supported organ	nization			
17a	10%-facts-and-circumstances test—2012.	If the organizati	on did not ched	k a box on line	13. 16a. or 16b	o, and line 14	
	is 10% or more, and if the organization meets						in
	Part IV how the organization meets the "facts				•	•	
	organization						
b	10%-facts-and-circumstances test—2011.						
	15 is 10% or more, and if the organization me	•					ain in
	Part IV how the organization meets the "facts						~····
	supported organization			•		ory	▶□
40							🕨 🗀
18	Private foundation. If the organization did no instructions						>

SCHEDULE D (Form 990)

Supplemental Financial Statements

201

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Allied Churches of Alamance County, Inc 56-1553388

Part County Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete

Par	Organizations Maintaining Donor the organization answered "Yes" to		Similar Funds or A	Accounts. Complete if
	inc organization answered Tes to	(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 donors	or advisors in writing that the as	ssets held in donor ad	vised
	funds are the organization's property, subject to			
6	Did the organization inform all grantees, donors	s, and donor advisors in writing	that grant funds can b	pe
	used only for charitable purposes and not for the	ne benefit of the donor or donor	advisor, or for any oth	ner
	purpose conferring impermissible private benef	fit?		Yes No
Par	Conservation Easements. Comple	ete if the organization answ	ered "Yes" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all tha	t apply).	
	Preservation of land for public use (e.g., recrea			orically important land area
	Protection of natural habitat		reservation of a certifi	
		ш.	reservation of a certifi	ed mistoric structure
•	Preservation of open space		and wile with a few	
2	Complete lines 2a through 2d if the organization	n neid a qualified conservation	contribution in the for	m of a conservation
	easement on the last day of the tax year.			1
а	Total number of conservation easements		2 a	Held at the End of the Tax Year
b	Total acreage restricted by conservation easen			
C	Number of conservation easements on a certifi			
d	Number of conservation easements included in		()	
	historic structure listed in the National Register			
3	Number of conservation easements modified, t			
	during the tax year	, , ,	,	3
4	Number of states where property subject to con	nservation easement is located	•	
5	Does the organization have a written policy reg	arding the periodic monitoring,	inspection, handling of	of
	violations, and enforcement of the conservation	n easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing co	nservation easements	during the year
				
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing conserv	ation easements during	ng the year
	\$			
8	Does each conservation easement reported on			
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the te			
	the organization's accounting for conservation	•	Zalion S ililanciai State	ments that describes
Par			or Other Similar Ass	ets
	Complete if the organization answered "			
10				toment and belonge sheet
ıa	If the organization elected, as permitted under works of art, historical treasures, or other similar			
	of public service, provide, in Part XIII, the text of	•		
b	If the organization elected, as permitted under			
b	works of art, historical treasures, or other similar			
	of public service, provide the following amounts		on, cadoallon, or rese	aron in faringfallog
	(i) Revenues included in Form 990 Part VIII li	ne 1		▶ \$
	(i) Revenues included in Form 990, Part VIII, li(ii) Assets included in Form 990, Part X			. • • • · · · · · · · · · · · · · · · ·
2	If the organization received or held works of an	t historical treasures or others	similar assets for finan	cial gain, provide the
_	following amounts required to be reported under			g, p. 571.40 11.0
а				.▶ \$
b	Revenues included in Form 990, Part VIII, line Assets included in Form 990, Part X			. • \$

Part	Organizations Maintaining	Collections of A	Art, Histo	orical Tr	easures, o	r Othe	<u>er Similar Asse</u>	ts (cor	tinue	d)
3	Using the organization's acquisition, ac	ccession, and other	records, c	heck any	of the followi	ing tha	t are a significant			
	use of its collection items (check all the	at apply):								
а	Public exhibition		d	Loan	or exchange	prograi	ms			
b	Scholarly research		е	Other						
С	Preservation for future generation	ons								
4	Provide a description of the organization		explain ho	ow thev fu	rther the ora	anizatio	on's exempt purpo	se in		
•	Part XIII.		oxpia	,			o o oop. p.ap.			
5	During the year, did the organization se	olicit or receive don	ations of a	rt. historio	cal treasures.	or oth	er similar			
	assets to be sold to raise funds rather							Y	es	No
Part								990 Pa	art	
	IV, line 9, or reported an am	_	•	-	nzanon ano			000,		
1a	Is the organization an agent, trustee, c				ibutions or ot	her as	sets not			
	included on Form 990, Part X?							☐ Y	es X	No
b	If "Yes," explain the arrangement in Pa									1
	, ,	·		Ü			,	Amount		
С	Beginning balance					10	С			0
d	Additions during the year					10	d			
е	Distributions during the year					10	е			
f	Ending balance					1	f			0
2a	Did the organization include an amoun	t on Form 990, Part	X, line 21	?				Y	es X	No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here i	if the expla	anation ha	as been provi	ded in	Part XIII			
Part										!
ı aıt	Endownent Funds: Compi	(a) Current year	(b) Prio		(c) Two years		(d) Three years back		our years	hack
1a	Beginning of year balance	76,642	(2)	75,539		8,182	74,21			0,414
b	Contributions	7 0,0 12		70,000		0,102	, ,,_,			,,,,,,
C	Net investment earnings, gains,									
	and losses	5,707		3,416		1,571	8,40	ol	1	9,139
d	Grants or scholarships	-, -		-, -		,-	-, -			0
е	Other expenditures for facilities									
	and programs	3,335		2,149		3,888	4,11	o		5,017
f	Administrative expenses	328		164		326	32	1		323
g	End of year balance	78,686		76,642	7	5,539	78,18	2	7	4,213
2	Provide the estimated percentage of the	e current year end	balance (li	ine 1g, co	lumn (a)) hel	d as:				
а	Board designated or quasi-endowment	. ▶	6%							
b	Permanent endowment	94%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2	•					l é ul			
3a	Are there endowment funds not in the	possession of the o	rganizatioi	n that are	neld and adr	nınıste	red for the		V	- No.
	organization by:							0 - (1)	Yes	No
	(i) unrelated organizations							3a(i)	Х	V
h	(ii) related organizations							3a(ii) 3b		Х
b 4	Describe in Part XIII the intended uses							30		
Part										
ган						(0)	A A coursulated	(d) D	ook volu	
	Description of property	(a) Cost or oth (investm		٠,	st or other s (other)	• •) Accumulated depreciation	(a) B	ook valu	C
1a	Land	,	0		0					0
b	Buildings		0		910,689		480,192		4.3	30,497
c	Leasehold improvements		0		0.0,000		0			0
d	Equipment		0		32,448		0		3	32,448
e	Other		0		0		0			0
	. Add lines 1a through 1e. (Column (d) r			column (F	3) line 10(c))	.		46	32.945

Page 3

Part VII Investments—Other Securiti	es. 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		
(A)		
(B)		
(C)		
<u>(D)</u>		
(E)		
(F)		
(G)		
<u>(H)</u>		
(I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	
	ted Con Form 000 Port V	Cline 40
Part VIII Investments—Program Relation		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
_ (4)		
(5)		
(6)		
(7)		
(8)		
(9) (10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	
Part IX Other Assets. See Form 990,		
,	(a) Description	(b) Book value
(1) Other receivables	(a) Description	522
(2) Sales tax refunds		3,878
(3) Promises to give		83,454
(4)		55,.5.
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, co	ol. (B) line 15.)	▶ 87,854
Part X Other Liabilities. See Form 9	90, 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	12,818	
(4) Accrued Expenses & Withholdings	29,000	
(5) Due to Endowment Fund	5,665	
(6)		
(7)		
(8)		
(9)		
(10)		
(11) Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	47 400	
Tetan (Column (b) much oquan rollin coo; r aren; con (b) into boi;	47,483	nancial statements that reports the assessment and Balaille.
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of		· · · · · · · · · · · · · · · · · · ·
for uncertain tax positions under FIN 48 (ASC 740). Check he	ere ii trie text of the foothote has bee	en provided in Part Alli

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	825,784
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	3,053
3	Subtract line 2e from line 1	3	822,731
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	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	822,731
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Ret	urn
1	Total expenses and losses per audited financial statements	1	850,248
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) 2d 986		
е	Add lines 2a through 2d	2e	986
3	Subtract line 2e from line 1	3	849,262
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	849,262
	XIII Supplemental Information		
-	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		
	/, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide an	У
additi	onal information.		
Part >	KI Line 4 This endowment fund is held solely for the use of the Good Shepherd		
Kitche	en, a program of Allied Churches. The principal, \$80,000, must remain intact and is		
inves	ted so that monthly income derived may be used for support of the kitchen.		
Part >	KI Line 2d Direct fundraising expenses.		
Part 2	KII Line 2d Direct fundraising expenses.		

SCHEDULE G (Form 990 or 990-EZ)

Allied Churches of Alamance County, Inc

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

56-1553388

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection Employer identification number

Par	Fundraising Activities. C	•	-		ered "Yes" to Form	m 990, Part IV, lir	ne 17.		
1 a b c d 2a b	a X Mail solicitations b X Internet and email solicitations f X Solicitation of non-government grants c Phone solicitations g X Special fundraising events d X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes X No								
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No					
1					0	0	0		
2					0	0	0		
3					0	0	0		
4					0	0	0		
5					-	-			
6					0	0	0		
7					0	0	0		
8					0	0	0		
9			1		0	0	0		
10			1		0	0	0		
10					0	0	0		
Total				•	0	0	0		
3	List all states in which the organiza registration or licensing.				contributions or has		xempt from		

56-1553388 Page **2** Allied Churches of Alamance County, Inc Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

		more than \$15,000 of the events with gross rece	_	_	ome on Form 990-EZ	, lines 1 and 6b. List
4)		events with gross rece	(a) Event #1 capital campaign (event type)	(b) Event #2 Various (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	12,493	42,936	0	55,429
R	2		12,493	39,679	0	52,172
		minus line 2)	0	3,257	0	3,257
	4	Cash prizes	0		0	0
6	5	Noncash prizes			0	0
Direct Expenses	6	Rent/facility costs		730	0	730
ct Exp	7	Food and beverages			0	0
Dire	8	Entertainment		1,250	0	1,250
	9	Other direct expenses		2,263	0	2,263
Pa	10 11 1 rt	1 Net income summary. Combin	ne line 3, column (d), and he organization answe	line 10		(4,243) -986 eported more
Revenue		than \$15,000 on 1 onn	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				0
ses	2	Cash prizes				0
Expen	3	Noncash prizes				0
Direct Expenses	4	Rent/facility costs				0
	5	Other direct expenses	□ v 0/			0
	6	Volunteer labor	Yes % No	Yes <u>%</u> No	Yes	
	7	Direct expense summary. Add	I lines 2 through 5 in colur	mn (d)		(0)
	8	Net gaming income summary.	Combine line 1, column	d, and line 7		0
	а	Enter the state(s) in which the org	erate gaming activities in	each of these states?		Yes No
		Were any of the organization's ga	aming licenses revoked, s	uspended or terminated d	uring the tax year?	. Yes No

Scheal	ille G (Form 990 of 990-E2) 2012 Ailled Churches of Alamance County, Inc 56-1553388 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	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?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization \$ 0 \text{ and the}\$
	amount of gaming revenue retained by the third party \$\bigsup \\$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation \$0
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	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
Part	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

Allied Churches of Alamance County, Inc	56-1553388
Form 990 Part III Line 3 In an effort to radically reduce homelessness, the Organization	
received funding to assist individuals and families with rent and utilities for a determinate	
amount of months. The concept of the program is to rapidly place them in appropriate housing	
or maintain their current housing.	
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 B Line 15a The Board of Directors determined compensation for the	
Executive Director using comparable data within Alamance County for Executive Directors of	
organizations with similar mission and similar budget size.	
Form 990 Part VI Section C Line 19 Copies are available upon request.	