

**Federal Information Return
Form 990
for**

Allied Churches of Alamance County, Inc

2010

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BURLINGTON, NC 27217-3177
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Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2010 calendar year, or tax year beginning , **and ending**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **Allied Churches of Alamance County, Inc**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 2581
 City or town, state or country, and ZIP + 4
Burlington NC 27216-2581

D Employer identification number **56-1553388**
E Telephone number **(336) 229-0881**
G Gross receipts \$ **478,586**

F Name and address of principal officer:
Geoffrey K. Oertel 206 North Fisher St, Burlington, NC 27217

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.alliedchurches.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1986** **M** State of legal domicile: **NC**

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
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 2010 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	5
	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)	617,515	471,637
	9 Program service revenue (Part VIII, line 2g)	1,023	601
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,361	4,115
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,972	2,233
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	626,871	478,586
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)	363,577	357,300
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 31,207		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	214,833	212,067
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	578,410	569,367	
19 Revenue less expenses. Subtract line 18 from line 12	48,461	-90,781	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 625,385	End of Year 550,311
	21 Total liabilities (Part X, line 26)	39,311	50,656
	22 Net assets or fund balances. Subtract line 21 from line 20	586,074	499,655

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: **Greg Seel** Date: _____
 Type or print name and title: **President, Board of Directors**

Paid Preparer's Use Only

Print/Type preparer's name: **CYNTHIA C. PERRY, CPA** Preparer's signature: **CYNTHIA C. PERRY, CPA** Date: **9/19/2011** Check if self-employed PTIN: _____
 Firm's name ▶ **CYNTHIA C. PERRY, CPA** Firm's EIN ▶ _____
 Firm's address ▶ **2236 PINE KNOLL TERRACE, BURLINGTON, NC 27217-3177** Phone no. **(336) 229-4567**

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? No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 265,296 including grants of \$ 0) (Revenue \$ 397,968) Provide food & shelter for the homeless and case management support.

4b (Code:) (Expenses \$ 94,335 including grants of \$ 0) (Revenue \$ 56,498) Offer support to those that desire to develop or enhance their life goals, including computer skills training and job resource skills.

4c (Code:) (Expenses \$ 36,528 including grants of \$ 0) (Revenue \$ 17,772) 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 396,159

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)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	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>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	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?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	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>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	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>	28a	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>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	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>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a 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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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>	36	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>	37	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.	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes 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:

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

Check 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 (check all that apply)						(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) William Adams Executive Director	40.	X			X		10,790	0	0	
(2) Hunter Thompson Executive Director	40.	X			X		17,683	0	0	
(3) SEE ATTACHED-NONE ARE COMPENSATED Board Members	0.8						0	0	0	
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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 (check all that apply)						(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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							28,473	0	0	
c Total from continuation sheets to Part VII, Section A.							0	0	0	
d Total (add lines 1b and 1c).							28,473	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 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.

(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 in compensation from the organization **0**

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 7,885					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 103,367					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 360,385					
	g	Noncash contributions included in lines 1a-1f: \$ 4,350						
	h	Total. Add lines 1a-1f ▶		471,637				
	Program Service Revenue				Business Code			
2a		Shelter Fees	900004	601	601			
b		-----		0				
c		-----		0				
d		-----		0				
e		-----		0				
f		All other program service revenue		0				
g		Total. Add lines 2a-2f ▶		601				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		4,115			4,115	
	4	Income from investment of tax-exempt bond proceeds . . . ▶		0				
	5	Royalties ▶		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss) ▶			0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	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 0						
		c 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		311			311		
b	Sales tax refunds		1,922			1,922		
c	-----		0					
d	All other revenue		0					
e	Total. Add lines 11a-11d ▶		2,233					
12	Total revenue. See instructions ▶		478,586	601	0	6,348		

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).

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 U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. 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	17,683	9,726	7,073	884
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	291,060	215,088	52,656	23,316
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,882	1,644	3,021	1,217
9	Other employee benefits	18,058	33	18,025	0
10	Payroll taxes	24,617	17,591	5,007	2,019
11	Fees for services (non-employees):				
a	Management	0			0
b	Legal	0			
c	Accounting	15,619		15,619	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	321		321	
g	Other	480	480		
12	Advertising and promotion	145		145	
13	Office expenses	18,603	12,913	4,417	1,273
14	Information technology	4,029		4,029	
15	Royalties	0			
16	Occupancy	48,894	43,928	4,966	
17	Travel	4,271	3,352	697	222
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	1,479		1,479	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	42,547	29,766	12,781	0
23	Insurance	29,043	21,377	6,251	1,415
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	Christian Assistance Network	22,907	22,907	0	0
b	Repairs & Maintenance	16,140	12,762	3,378	0
c	Printing & Newsletters	5,740	4,592	287	861
d	Other	1,849	0	1,849	0
e	0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	569,367	396,159	142,001	31,207
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	26,240	1	66,373
	2 Savings and temporary cash investments	58,129	2	0
	3 Pledges and grants receivable, net	9,171	3	4,118
	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	1,140	8	0
	9 Prepaid expenses and deferred charges	9,170	9	6,050
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 834,859		
	b Less: accumulated depreciation	10b 449,616	418,989	10c 385,243
	11 Investments—publicly traded securities	84,342	11	84,424
	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	18,204	15	4,103
16 Total assets. Add lines 1 through 15 (must equal line 34)	625,385	16	550,311	
Liabilities	17 Accounts payable and accrued expenses	3,495	17	11,568
	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. Complete Part X of Schedule D	35,816	25	39,088	
26 Total liabilities. Add lines 17 through 25	39,311	26	50,656	
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	461,109	27	380,174
	28 Temporarily restricted net assets	44,965	28	39,481
	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	586,074	33	499,655	
34 Total liabilities and net assets/fund balances	625,385	34	550,311	

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	478,586
2	Total expenses (must equal Part IX, column (A), line 25)	2	569,367
3	Revenue less expenses. Subtract line 2 from line 1	3	-90,781
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	586,074
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,362
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	499,655

Part XII Financial Statements and Reporting

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: <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
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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
3b	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.		

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. **67**

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	8,781
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		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		0
9 Tentative deduction. Enter the smaller of line 5 or line 8		0
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562.		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		0
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12		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	22,878

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 2010	17	18,907
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 2010 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						
c 7-year property		4,781	7	HY	S/L	342
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			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2010 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	400
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	42,527
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	

For Paperwork Reduction Act Notice, see separate instructions.

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? 24b If "Yes," is the evidence written? 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) 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 400 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 400 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 to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

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? 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).

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 employees? 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

42 Amortization of costs that begins during your 2010 tax year (see instructions): 43 Amortization of costs that began before your 2010 tax year 44 Total. Add amounts in column (f). See the instructions for where to report 44 0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 0.00%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 0.00%; 16a 33 1/3% support test-2010; b 33 1/3% support test-2009; 17a 10%-facts-and-circumstances test-2010; b 10%-facts-and-circumstances test-2009; 18 Private foundation.

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0					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					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 or its behalf	0					0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0					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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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					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 2010 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2010.**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—2009.**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 ▶

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Dotted lines for supplemental information input.

**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, 11, or 12.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

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).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

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
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 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 |
|--|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f 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	84,342	60,414	85,242		
b Contributions			0		
c Net investment earnings, gains, and losses	403	24,251	-19,883		
d Grants or scholarships		0	4,613		
e Other expenditures for facilities and programs			0		
f Administrative expenses	321	323	332		
g End of year balance	84,424	84,342	60,414		

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ 5%
 - b** Permanent endowment ▶ 95%
 - c** Term endowment ▶ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| 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 investment	(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	820,172	449,615	370,556
c Leasehold improvements	0	0	0	0
d Equipment	0	14,687	0	14,687
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).) ▶ 385,243

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) Amount
(1) Federal income taxes	0
(2) Line of Credit	9,999
(3) Leases Payable	8,359
(4) Accrued Expenses & Withholdings	14,488
(5) Due to Endowment Fund	6,242
(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.) ▶	39,088

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	478,586
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	569,367
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-90,781
4	Net unrealized gains (losses) on investments	4	4,362
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	4,362
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-86,419

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	482,948
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,362
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	4,362
3	Subtract line 2e from line 1	3	478,586
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	478,586

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	569,367
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	569,367
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	
c	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	569,367

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 XIV Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

Allied Churches of Alamance County, Inc

56-1553388

Form 990 Part VI Section B Line 11a The organization is not required to file Form 990 and
accordingly, it is not formally reviewed by the governing body. Copies are available upon
request.

Form 990 Part XI Line 5 Unrealized gain on investments-endowment funds.

Name of the organization

Employer identification number

Allied Churches of Alamance County, Inc

56-1553388

Detail Report

12/31/2010 Allied Churches of Alamance County, Inc 56-1553388

990		834,861		834,861		407,089		42,527		449,616			
Item No.	Description of Property	Date Placed in Service	Asset Code	Bus. Use %	Cost or Other Basis	Recovery Basis	AMT Type	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2010 Current Deprec.	2010 Accum. Deprec.
4	Sofa, Chairs, Table Lamp	12/23/1991	F-11	100.00%	1,795	1,795		10	SL/ADS	HY	1,795	0	1,795
5	Sofa & Table	12/23/1991	F-11	100.00%	721	721		10	SL	HY	721	0	721
8	Bulletin Board	6/25/1992	F-11	100.00%	64	64		5	SL	HY	64	0	64
9	Machine Stands	11/30/1992	F-11	100.00%	69	69		5	SL	HY	69	0	69
10	Bulletin Board	12/22/1992	F-11	100.00%	72	72		5	SL	HY	72	0	72
13	Conference Table	5/31/1993	F-11	100.00%	148	148		7	SL	HY	148	0	148
14	Plexiglass Display	10/31/1993	F-11	100.00%	755	755		7	SL	HY	755	0	755
48	Computer Outlet Install	2/12/1999	F-5	100.00%	300	300		5	SL	HY	300	0	300
58	Folding Tables	2/10/1999	F-11	100.00%	90	90		5	SL	HY	90	0	90
59	IDS Nonprofit Software	1/4/1999	F-1	100.00%	1,010	1,010		5	SL	HY	1,010	0	1,010
60	Software	1/13/1999	F-1	100.00%	910	910		5	SL	FM	910	0	910
62	Software Conversion	9/13/1999	F-1	100.00%	1,257	1,257		5	SL	HY	1,257	0	1,257
68	Paper Folding Machine	1/1/2000	F-10	100.00%	800	800		5	SL	HY	800	0	800
70	5 Folding Tables	2/29/2000	F-11	100.00%	425	425		5	SL	HY	425	0	425
74	Executive Office Chair	6/3/2000	F-11	100.00%	199	199		7	SL	HY	199	0	199
92	Network-Omniview KVM 6'	11/23/2003	F-5	100.00%	980	980		5	SL	HY	882	0	882
95	Computer Buyout from CD	11/15/2003	F-5	100.00%	944	944		5	SL	HY	881	0	881
98	Computer Equipment	11/26/2003	F-5	100.00%	9,678	9,678		4	SL	HY	8,671	0	8,671
99	Laptop-adm'n	3/10/2008	F-5	100.00%	554	554		5	SL	HY	166	111	277
201	Gas Hot Water System	5/1/2006	F-10	100.00%	6,456	6,456		7	SL	FM	3,381	922	4,303
202	Plumbing System	10/5/2006	F-10	100.00%	7,296	7,296		7	SL	FM	3,387	1,042	4,429
215	Generator	2/3/2007	F-17	100.00%	25,000	25,000		15	SL	HY	4,167	1,667	5,834
216	Nexus Phone System	10/1/2005	F-11	100.00%	7,084	7,084		5	SL	FM	6,022	1,062	7,084
217	Dell Computers (6)	8/22/2005	F-5	100.00%	6,694	6,694		5	SL	HY	6,025	669	6,694
218	Imagistics Copier	8/22/2007	F-11	100.00%	21,920	21,920		7	SL/GDS	FM	7,567	3,131	10,698
239	ACAC Building	11/1/1991	R-5	100.00%	497,366	497,366		40	SL/GDS	NM	225,893	12,434	238,327
240	Paving	11/30/1992	R-5	100.00%	48,928	48,928		40	SL/GDS	NM	20,896	1,223	22,119
241	Signs	12/31/1992	R-5	100.00%	3,674	3,674		10	SL	HY	3,674	0	3,674
242	Bathroom Renovations	12/13/1996	R-5	100.00%	9,581	9,581		40	SL/GDS	NM	3,136	240	3,376
244	Outside Lighting	5/2/2009	F-10	100.00%	1,157	1,157		7	SL/GDS	FM	110	165	275
255	Compressor/Lobby	7/11/1999	F-10	100.00%	896	896		10	SL/ADS	HY	629	0	629
272	Data Line Installation	3/13/2000	F-10	100.00%	636	636		7	SL	HY	636	0	636
276	Building Imp/Landscaping	3/13/2000	R-2	100.00%	242	242		7	SL	HY	242	0	242
278	Kitchen Floor/Tile Imp	7/24/2000	F-11	100.00%	3,429	3,429		15	SL/GDS	HY	2,155	229	2,384
282	Wiring Installation-Network	2/5/2001	F-10	100.00%	815	815		7	SL	HY	815	0	815
285	Fire Suppression Sys	12/6/2002	F-10	100.00%	1,285	1,285		15	SL/GDS	HY	608	86	694
286	Sewer Lines Repairs	12/31/2002	F-10	100.00%	2,338	2,338		10	SL	HY	1,638	234	1,872
293	Library	12/31/2003	F-10	100.00%	4,665	4,665		7	SL	HY	3,996	333	4,329
294	Air Conditioner	7/27/2005	F-10	100.00%	1,095	1,095		7	SL	HY	702	156	858
296	Roof Repair & Painting	3/31/2004	F-10	100.00%	7,664	7,664		7	SL	HY	6,296	325	7,391
366	Printer	7/13/1999	F-5	100.00%	325	325		5	SL	HY	325	0	325
487	Copier-Graham Office	8/28/2003	F-11	100.00%	466	466		5	SL	HY	450	0	450
491	Cubicles-Graham Office	10/19/2005	F-11	100.00%	275	275		7	SL	HY	176	39	215
2103	Roof Repair/Painting/McCRA	3/31/2004	F-10	100.00%	15,041	15,041		7	SL	HY	12,357	2,149	14,506
2104	Kitchen Repair-Burst/Pipes	3/31/2004	F-10	100.00%	2,843	2,843		7	SL	HY	2,335	406	2,741
5-27	Blinds	8/28/1991	F-11	100.00%	626	626		7	SL	HY	626	0	626
5-28	Beds	1/14/1991	F-11	100.00%	3,799	3,799		10	SL	HY	3,799	0	3,799
5-38	Shelter Bunk Beds	10/31/1997	F-11	100.00%	1,050	1,050		10	SL	HY	1,016	0	1,016
5-52	n2 GE drivers	12/31/2009	F-10	100.00%	1,104	1,104		7	SL/GDS	FM	13	158	171
5-53	2 GE washers/Installation	3/11/2010	F-10	100.00%	2,109	2,109		7	SL/GDS	HY	0	151	151
5-54	70 mattresses	10/8/2010	F-11	100.00%	1,400	1,400		7	SL/GDS	HY	0	100	100
5-64	Garrett Superscanner	1/29/1999	F-11	100.00%	150	150		5	SL	HY	150	0	150
5-73	7 Bunk Beds	2/15/2000	F-11	100.00%	1,050	1,050		7	SL	HY	1,050	0	1,050

Detail Report

12/31/2010 Allied Churches of Alamance County, Inc 56-1553388

Item No.	Description of Property	Date Placed in Service	Asset Code	Bus. Use %	Cost or Other Basis	Recovery Basis	AMT Type	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2010 Current Deprec.	2010 Accum. Deprec.
990	834,861 834,861 407,089 42,527 449,616												
5-77	Laundry Cabinets	5/26/2000	F-11	100.00%	230	230		7	SL	HY	230	0	230
5-88	Clinical Alco-Sensor	2/21/2003	F-6	100.00%	470	470		5	SL	HY	470	0	470
5-89	7 Bunk Beds	9/18/2003	F-11	100.00%	690	690		7	SL	HY	618	49	667
5-90	14 Firm Mattresses	9/18/2003	F-11	100.00%	822	822		7	SL	HY	732	59	791
5-91	GE Clothes Washer	1/15/2006	F-10	100.00%	352	352		7	SL	HY	175	50	225
5-92	Sentry Alarm System	1/8/2008	F-10	100.00%	1,742	1,742		7	SL	HY	373	249	622
6-105	Pay Phone-Small	7/11/2006	F-10	100.00%	294	294		7	SL	HY	147	42	189
6-106	Refrigerator-VR2 Reach In	3/30/2004	F-10	100.00%	2,100	2,100		7	SL	HY	1,725	300	2,025
6-19	Amer Range Convect Oven	9/23/2008	F-10	100.00%	4,015	4,015		10	SL/ADS	FM	765	402	1,167
6-20	Air Conditioner	7/20/1990	F-10	100.00%	8,000	8,000		10	SL	HY	8,000	0	8,000
6-21	Shelving	1/1/30/1991	F-11	100.00%	1,113	1,113		10	SL	HY	1,113	0	1,113
6-24	2 Frames	4/24/1992	F-11	100.00%	96	96		5	SL	HY	96	0	96
6-24	nMantowic/Icemaker	8/12/2009	F-10	100.00%	2,200	2,200		7	SL/GDS	FM	131	0	445
6-44	Quarry Tile Floor	12/23/1998	F-10	100.00%	1,024	1,024		10	SL	HY	971	0	971
6-45	Kitchen Renovations	12/16/1998	R-5	100.00%	12,751	12,751		40	SL/GDS	NM	3,508	319	3,827
6-47	Utensils	10/1/1998	F-10	100.00%	1,749	1,749		7	SL	HY	1,686	0	1,686
6-47	Champion Dishwasher-comm	2/18/2008	F-10	100.00%	9,283	9,283		7	SL	HY	1,989	0	1,989
6-47	mChampion Dishwasher-comm	10/1/2009	F-10	100.00%	1,445	1,445		7	SL/GDS	FM	52	206	3,315
6-48	Refrigerator stainless steel	3/23/2010	F-10	100.00%	450	450		7	SL/GDS	HY	0	32	258
6-49	Chair Caddy	1/26/1999	F-10	100.00%	325	325		7	SL	HY	325	0	325
6-50	Sink/disposal/connect	8/18/2010	F-10	100.00%	822	822		7	SL/GDS	HY	0	59	59
6-50	1990 Ford Renger	9/30/2010	V-7	100.00%	4,000	4,000		5	SL/GDS	HY	0	400	400
6-69	2 Folding Tables	2/29/2000	F-11	100.00%	196	196		7	SL	HY	196	0	196
6-80	Steam Table	3/1/2001	F-10	100.00%	2,378	2,378		7	SL	HY	2,378	0	2,378
7-18	Dell Computer	8/22/2005	F-5	100.00%	953	953		5	SL	HY	859	94	953
DR 11	Furniture & Equipment	7/1/2006	F-11	100.00%	32,889	32,889		7	SL	HY	16,446	4,699	21,145
DR 12	Computer Equipment	7/1/2006	F-5	100.00%	14,982	14,982		5	SL	HY	10,486	2,996	13,482
DR 13	Office Equipment	7/1/2006	F-11	100.00%	16,160	16,160		7	SL	HY	8,081	2,309	10,390
DR 14	LME Van	5/7/2007	V-2	100.00%	4,100	4,100		5	SL	HY	2,050	820	2,870
SubTotals					834,861	834,861					407,089	42,527	449,616
Less: Disposed Assets					(0)	(0)					(0)	(0)	(0)
Ending Totals					834,861	834,861					407,089	42,527	449,616

Detail Report

12/31/2010

Allied Churches of Alamance County, Inc

56-1563388

ALL

834,861

834,861

407,089

42,527

449,616

Item No.	Description of Property	Date Placed in Service	Activity	Asset Code	Bus. Use %	Cost or Other Basis	Recovery Basis	AMT Type	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2010 Current Deprec.	2010 Accum. Deprec.
4	Sofa, Chairs, Table Lamp	12/23/1991	990	F-11	100.00%	1,795	1,795		10	SL/ADS	HY	1,795	0	1,795
5	Sofa & Table	12/23/1991	990	F-11	100.00%	721	721		10	SL	HY	721	0	721
8	Bulletin Board	6/25/1992	990	F-11	100.00%	64	64		5	SL	HY	64	0	64
9	Machine Stands	11/30/1992	990	F-11	100.00%	69	69		5	SL	HY	69	0	69
10	Bulletin Board	12/22/1992	990	F-11	100.00%	72	72		5	SL	HY	72	0	72
13	Conference Table	5/31/1993	990	F-11	100.00%	148	148		7	SL	HY	148	0	148
14	Plexiglass Display	10/31/1993	990	F-11	100.00%	755	755		7	SL	HY	755	0	755
48	Computer Outlet Install	2/12/1999	990	F-5	100.00%	300	300		5	SL	HY	300	0	300
58	Folding Tables	2/10/1999	990	F-11	100.00%	90	90		5	SL	HY	90	0	90
59	IDS Nonprofit Software	1/4/1999	990	F-1	100.00%	1,010	1,010		5	SL	HY	1,010	0	1,010
60	Software	1/13/1999	990	F-1	100.00%	910	910		5	SL	FMI	910	0	910
62	Software Conversion	9/13/1999	990	F-1	100.00%	1,257	1,257		5	SL	HY	1,257	0	1,257
68	Paper Folding Machine	1/1/2000	990	F-10	100.00%	800	800		5	SL	HY	800	0	800
70	5 Folding Tables	2/29/2000	990	F-11	100.00%	425	425		7	SL	HY	425	0	425
74	Executive Office Chair	6/3/2000	990	F-11	100.00%	199	199		7	SL	HY	199	0	199
92	Network-Omniview KVM 6'	11/23/2003	990	F-5	100.00%	980	980		5	SL	HY	882	0	882
95	Computer Buyout from CD	11/15/2003	990	F-5	100.00%	944	944		5	SL	HY	881	0	881
98	Computer Equipment	11/26/2003	990	F-5	100.00%	9,678	9,678		4	SL	HY	8,671	0	8,671
99	Laptop-adm/n	3/10/2008	990	F-5	100.00%	554	554		5	SL	HY	166	111	277
201	Gas Hot Water System	5/1/2006	990	F-10	100.00%	6,456	6,456		7	SL	FMI	3,381	922	4,303
202	Plumbing System	10/5/2006	990	F-10	100.00%	7,296	7,296		7	SL	FMI	3,387	1,042	4,429
215	Generator	2/3/2007	990	F-17	100.00%	25,000	25,000		15	SL	HY	4,167	1,667	5,834
216	Nexus Phone System	10/1/2005	990	F-11	100.00%	7,084	7,084		5	SL	FMI	6,022	1,062	7,084
217	Dell Computers (6)	8/22/2005	990	F-5	100.00%	6,694	6,694		5	SL	HY	7,567	3,131	6,694
218	Imagistics Copier	8/22/2007	990	F-11	100.00%	21,920	21,920		7	SL/GDS	FMI	225,893	12,434	10,698
239	ACAC Building	11/1/1991	990	R-5	100.00%	497,366	497,366		40	SL/GDS	MM	20,896	1,223	238,327
240	Paving	11/30/1992	990	R-5	100.00%	48,928	48,928		40	SL/GDS	MM	3,674	0	3,674
241	Signs	12/31/1992	990	R-5	100.00%	9,581	9,581		10	SL	HY	3,136	240	3,376
242	Bathroom Renovations	5/2/2009	990	F-10	100.00%	1,157	1,157		7	SL/GDS	FMI	110	165	275
255	Compressor/Lobby	7/11/1999	990	F-10	100.00%	896	896		10	SL/ADS	HY	629	0	629
272	Data Line Installation	3/13/2000	990	F-10	100.00%	636	636		7	SL	HY	242	0	636
276	Building Impl/Landscaping	3/13/2000	990	R-2	100.00%	242	242		7	SL	HY	242	0	242
278	Kitchen Floor/Tile Imp	7/24/2000	990	F-11	100.00%	3,429	3,429		15	SL/GDS	HY	2,155	229	2,384
282	Wirng Installation-Network	2/5/2001	990	F-10	100.00%	815	815		7	SL	HY	815	0	815
285	Fire Suppression Sys	12/6/2002	990	F-10	100.00%	1,285	1,285		15	SL/GDS	HY	608	86	694
286	Sewer Lines Repairs	12/31/2002	990	F-10	100.00%	2,338	2,338		10	SL	HY	1,638	234	1,872
293	Library	12/31/2003	990	F-10	100.00%	4,665	4,665		7	SL	HY	3,996	333	4,329
294	Air Conditioner	7/27/2005	990	F-10	100.00%	1,095	1,095		7	SL	HY	702	156	858
296	Roof Repair & Painting	3/31/2004	990	F-10	100.00%	7,664	7,664		7	SL	HY	6,296	1,095	7,391
366	Printer	7/13/1999	990	F-5	100.00%	325	325		5	SL	HY	325	0	325
487	Copier-Graham Office	8/28/2003	990	F-11	100.00%	466	466		5	SL	HY	450	0	450
491	Cubicles-Graham Office	10/19/2005	990	F-11	100.00%	275	275		7	SL	HY	176	39	215
2103	Roof Repair/Painting/McCRA	3/31/2004	990	F-10	100.00%	15,041	15,041		7	SL	HY	12,357	2,149	14,506
2104	Kitchen Repair-BurstPipes	3/31/2004	990	F-10	100.00%	2,843	2,843		7	SL	HY	2,335	406	2,741
5-27	Blinds	8/28/1991	990	F-11	100.00%	626	626		7	SL	HY	626	0	626
5-28	Beds	1/14/1991	990	F-11	100.00%	3,799	3,799		10	SL	HY	3,799	0	3,799
5-38	Shelter Bunk Beds	10/31/1997	990	F-11	100.00%	1,050	1,050		10	SL	HY	1,016	0	1,016
5-52 n2	GE drivers	12/31/2009	990	F-10	100.00%	1,104	1,104		7	SL/GDS	FMI	13	158	171
5-53	2 GE washers/installation	3/11/2010	990	F-10	100.00%	2,109	2,109		7	SL/GDS	HY	0	151	151
5-54	70 mattresses	10/8/2010	990	F-11	100.00%	1,400	1,400		7	SL/GDS	HY	0	100	100
5-64	Garrett Superscanner	1/29/1999	990	F-11	100.00%	150	150		5	SL	HY	150	0	150
5-73	7 Bunk Beds	2/15/2000	990	F-11	100.00%	1,050	1,050		7	SL	HY	1,050	0	1,050

Detail Report

Item No.	Description of Property	Date Placed in Service	Activity	Asset Code	Bus. Use %	Cost or Other Basis	Recovery Basis	AMT Type	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2010 Current Deprec.	2010 Accum. Deprec.	
ALL	834,861 834,861 407,089 42,527 449,616														
5-77	Laundry Cabinets	5/26/2000	990	F-11	100.00%	230	230		7	SL	HY	230	0	230	
5-88	Clinical Alco-Sensor	2/21/2003	990	F-6	100.00%	470	470		5	SL	HY	470	0	470	
5-89	7 Bunk Beds	9/18/2003	990	F-11	100.00%	690	690		7	SL	HY	618	49	667	
5-90	14 Firm Mattresses	9/18/2003	990	F-11	100.00%	822	822		7	SL	HY	732	59	791	
5-91	GE Clothes Washer	1/15/2006	990	F-10	100.00%	352	352		7	SL	HY	175	50	225	
5-91	Sentry Alarm System	1/8/2008	990	F-10	100.00%	1,742	1,742		7	SL	HY	373	249	622	
5-92	Pay Phone-Small	7/11/2006	990	F-10	100.00%	294	294		7	SL	HY	147	42	189	
6-105	Refrigerator-VR2 Reach In	3/30/2004	990	F-10	100.00%	2,100	2,100		7	SL	HY	1,725	300	2,025	
6-106	Amer Range Convect Oven	9/23/2008	990	F-10	100.00%	4,015	4,015		10	SL/ADS	FM	765	402	1,167	
6-19	Air Conditioner	7/20/1990	990	F-10	100.00%	8,000	8,000		10	SL	HY	8,000	0	8,000	
6-20	Shelving	1/1/30/1991	990	F-11	100.00%	1,113	1,113		10	SL	HY	1,113	0	1,113	
6-21	2 Frames	4/24/1992	990	F-11	100.00%	96	96		5	SL	HY	96	0	96	
6-24	nMantowic Icemaker	8/12/2009	990	F-10	100.00%	2,200	2,200		7	SL/GDS	FM	131	314	445	
6-44	Quarry Tile Floor	12/23/1998	990	F-10	100.00%	1,024	1,024		10	SL	HY	971	0	971	
6-45	Kitchen Renovations	12/16/1998	990	R-5	100.00%	12,751	12,751		40	SL/GDS	MM	3,508	319	3,827	
6-47	Utensils	10/1/1998	990	F-10	100.00%	1,749	1,749		7	SL	HY	1,686	0	1,686	
6-47	Champion Dishwasher-comm	2/18/2008	990	F-10	100.00%	9,283	9,283		7	SL	HY	1,989	0	1,989	
6-47	mChampion Dishwasher-comm	10/1/2009	990	F-10	100.00%	1,445	1,445		7	SL/GDS	FM	52	1,326	3,315	
6-48	Refrigerator stainless steel	3/23/2010	990	F-10	100.00%	450	450		7	SL/GDS	HY	0	206	258	
6-49	Chair Caddy	1/26/1999	990	F-10	100.00%	325	325		7	SL	HY	325	0	325	
6-49	Sink/disposal/connect	8/18/2010	990	F-10	100.00%	822	822		7	SL/GDS	HY	0	59	59	
6-50	1990 Ford Renger	9/30/2010	990	V-7	100.00%	4,000	4,000		5	SL/GDS	HY	0	400	400	
6-69	2 Folding Tables	2/29/2000	990	F-11	100.00%	196	196		7	SL	HY	196	0	196	
6-80	Steam Table	3/1/2001	990	F-10	100.00%	2,378	2,378		7	SL	HY	2,378	0	2,378	
7-18	Dell Computer	8/22/2005	990	F-5	100.00%	953	953		5	SL	HY	859	94	953	
DR 11	Furniture & Equipment	7/1/2006	990	F-11	100.00%	32,889	32,889		7	SL	HY	16,446	4,699	21,145	
DR 12	Computer Equipment	7/1/2006	990	F-5	100.00%	14,982	14,982		5	SL	HY	10,486	2,996	13,482	
DR 13	Office Equipment	7/1/2006	990	F-11	100.00%	16,160	16,160		7	SL	HY	8,081	2,309	10,390	
DR 14	LME Van	5/7/2007	990	V-2	100.00%	4,100	4,100		5	SL	HY	2,050	820	2,870	

SubTotals	834,861	834,861	407,089	42,527	449,616
Less: Disposed Assets	(0)	(0)	(0)	(0)	(0)
Ending Totals	834,861	834,861	407,089	42,527	449,616

**Allied Churches of Alamance County
Board of Directors
2010**

Position	Name/Address
President (Executive Committee) Shelter Relations Committee	Geoffrey K. Oertel Attorney, Oertel, Koonts & Oertel, PLLC 3057 S Church St Burlington, NC 27215
1 st Vice-President (Executive Committee) Chair –Building & Grounds Committee	Jenna Johnson Retired 2 Laurel Oak Drive, Elon, NC 27244
2 nd Vice-President (Executive Committee) Chair – Church Involvement Committee	Dawn Renee Enoch LabCorp Glen Grove United Holiness Church Associate Pastor 711 Piedmont Way, Burlington, NC 27217
3 rd Vice-President (Executive Committee) Chair – Finance Committee	Bill Dishner 126 Andrews Ave. Graham, NC 27253
4 th Vice-President (Executive Committee) Chair – Development Committee Shelter Relations Committee	Lois Priest Alamance Regional Medical Center 2008 Muirfield Court Elon, NC 27244
Secretary (Executive Committee) Development Committee	Carolyn Christmas Interiors by Carolyn 540 Little Creek Drive, Graham, NC 27253
Treasurer (Executive Committee) Building & Grounds / Finance Committees	Bob Hair Retired 1115 E Willowbrook, Burlington NC 27215

**Allied Churches of Alamance County
Board of Directors
2010**

Director Chair – Kitchen Committee / Personnel Committee	Bob Brooks Retired 2223 Delaney Drive, Burlington, NC 27215
Director	Charles B. (Brod) Hale Laboratory Corp. of America 512 N. Gurney St, Burlington, NC 27215
Director Chair - Personnel Committee Member	Greg Seel Assistant Chief of Police Burlington Police Department 267 W Front Street, PO Box 1358 Burlington, NC 27216
Director Development Committee Member	Missy Flora Real Estate Agent – Allen Tate 3315 Garden Road Burlington, NC 27215
Director Shelter Relations Committee Member	Ronnie Hutchens
Director Personnel Committee Member	Roselee Papandrea Times-News 707 S. Main Street Burlington, NC 27215
Director Church Involvement Committee	Rev. L. Alan Sasser 528 Tarleton Ave Burlington, NC 27215