			** PUBLIC DISCLOSURE COPY	* *			
	Ω	00	Return of Organization Exempt Fron	n Incor	ne Tax	OMB No. 1545-0047	
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			<b>2018</b>	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.           A For the 2018 calendar year, or tax year beginning         JUL 1, 2018 and ending         JUN 30, 2019							
		Î			-		
В	Check if applicab	le: C Name of	forganization	D Em	ployer identificat	tion number	
	Addre		CONGREGATIONS TOGETHER IN SERVICE				
	chang Name chang		usiness as		45-302	20788	
	Initial			uite <b>F</b> Tele	phone number		
	Final	1518	WILLOW LAWN DR 301			44-2401	
	termii ated	n_	own, state or province, country, and ZIP or foreign postal code	G Gross	s receipts \$	608,183.	
	Amer		MOND, VA 23230	H(a) Is	this a group retu	rn	
	Appli tion pend		nd address of principal officer: WILLIAM POARCH		r subordinates?		
	-	8151			e all subordinates inclu		
		empt status:				t. (see instructions)	
					roup exemption r		
		Summary	X Corporation Trust Association Other ► L Y	ear of formation		tate of legal domicile: VA	
F	1		e the organization's mission or most significant activities: TO PROVI	אוזי דת	סמנוס סח	מאב שפר	
Ce	1		ESOURCES TO OUR NEIGHBORS IN FINANCIA	L CRIS	TS ENABI	LING THEM	
nar	2						
ver		3 Number of voting members of the governing body (Part VI, line 1a)					
ğ							
Activities & Governance		Total number		7			
vitio	6		of volunteers (estimate if necessary)			100	
Acti	7 a		d business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated	business taxable income from Form 990-T, line 38		7b	403.	
					or Year	Current Year	
an	8		and grants (Part VIII, line 1h)	4	34,247.	564,036.	
Revenue	9	•	ce revenue (Part VIII, line 2g)		0. 781.	<u> </u>	
Re			come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,377.	6,128.	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		60,405.	570,926.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		55,673.	200,211.	
	14		to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ		-		2	17,966.	294,089.	
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <b>87,188.</b>		0.	0.	
xpe	b	Total fundrais	ing expenses (Part IX, column (D), line 25)  87, 188.				
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		64,233.	67,835.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4	37,872.	562,135.	
	19	Revenue less	expenses. Subtract line 18 from line 12		22,533.	8,791.	
Net Assets or Fund Balances		Tatal			of Current Year 55,111.	End of Year 263,902.	
Asse Bala	20	Total assets (			0.	203,902.	
Vet /	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	2	55,111.	263,902.	
	art II					200,002.	
_		-	I declare that I have examined this return, including accompanying schedules and sta	tements, and	to the best of my k	nowledge and belief, it is	
			. Declaration of preparer (other than officer) is based on all information of which prep		-	- /	

Sign	Signature of officer		Date					
Here	WILLIAM POARCH, CEO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	MEDA S LANE	1	L0/21/19	f self-employed P00361884				
Preparer	Firm's name ▶ LANE & ASSOCIATE		Firm's I	EIN <b>54-1216800</b>				
Use Only	Firm's address 2839 HATHAWAY RO	AD						
	RICHMOND, VA 232		Phone	no.(804)272-7421				
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
832001 12-3	32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ▶ 406,475.
4d	Other program services (Describe in Schedule O.)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	SYSTEM (HMIS). THE HCL IS A MULTI-AGENCY, SYSTEM-LEVEL ACCESS POINT COMPRISED OF
	EXPERIENCING HOMELESSNESS), DIVERSION SPECIALISTS AT THE HCL ARE ABLE TO ENTER CLIENT INFORMATION IN THE HOMELESS MANAGEMENT INFORMATION
	MEDIATION AND CONNECTIONS TO TEMPORARY OPTIONS. FOR CLIENTS WITHIN THREE DAYS OF EXPERIENCING HOMELESSNESS (INCLUDING THOSE ALREADY
	GEOGRAPHY OF THE GRCOC. THE HCL PROVIDES SAFETY PLANNING, DIVERSION,
	PROVIDES PHONE-BASED, DIVERSION FOCUSED ACCESS AND SERVICES TO ALL CLIENTS EXPERIENCING OR AT IMMINENT RISK OF HOMELESSNESS IN THE FULL
-	THE HOMELESS CRISIS LINE (HCL) IS THE PRIMARY ACCESS POINT FOR HOMELE SERVICES IN THE GREATER RICHMOND CONTINUUM OF CARE (GRCOC). THE HCL
4b	PROVIDE       FOOD       AND       CLOTHING       TO       OUR       CLIENTS.         (Code:       ) (Expenses \$ 47,906. including grants of \$ ) (Revenue \$ 47,90       (Revenue \$ 47,90
	BE MORE APPROPRIATELY ALIGNED FOR THEIR SPECIFIC NEEDS. ACTS ALSO ACTIVELY COLLABORATES WITH OTHER ORGANIZATIONS WORKING TO
	ASSISTANCE OR REFERRALS TO OTHER AGENCIES OR ORGANIZATIONS THAT WOULD
	WERE UNDER THE AGE OF 18 AND 72 WERE OVER 59. AN ADDITIONAL 971 OTHER HOUSEHOLDS RECEIVED SOME SORT OF CASE MANAGEMENT INCLUDING NON-CASH
	NUMBER, ACTS WAS ABLE TO FINANCIALLY ASSIST 350 HOUSEHOLDS. THESE 350 POSITIVELY IMPACTED HOUSEHOLDS INCLUDED 858 TOTAL PEOPLE OF WHOM 365
	YEAR, ACTS RECEIVED 1409 REFERRALS REQUESTING ASSISTANCE. OF THAT
	PARTNER CONGREGATIONS AND OTHER AGENCIES IN THE GREATER RICHMOND METROPOLITAN AREA WORKING TO PREVENT HOMELESSNESS. DURING THIS FISCAL
4a	(Code:       ) (Expenses \$ 358,569. including grants of \$ 200,211.) (Revenue \$ 544,63         AREA CONGREGATIONS TOGETHER IN SERVICE (ACTS) COLLABORATES WITH 60+
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	AND DIGNIFIED LIVES.
	TO PROVIDE FUNDS, SUPPORT, AND OTHER RESOURCES TO OUR NEIGHBORS IN FINANCIAL CRISIS, ENABLING THEM TO LIVE SUSTAINABLE, SELF-SUFFICIENT

_		/·
Form	990	(2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	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	Tiu		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			х
1E	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~~	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		A
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
332003			<b>990</b> (	2018)

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Form 990 (			CONGREGATIONS	TOGETH
Part IV	Checklist	of Required	Schedules (continued)	

1 01			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
24a	Schedule J 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</i> "Yes," <i>answer lines 24b through 24d and complete</i>	23		
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>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):	21		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <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</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
85a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
Par	Note. All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 38		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a38Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
G	(gambling) winnings to prize winners?	1c		
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	4			
31	021 795745 1135 2018.04030 AREA CONGREGATIONS TOGETHER	11:	35_	1

Form 990 (2	2018)	AREA	CONGREGATIONS	TOGETHER	IN	SERVICE
Part V	Statements	Regardin	g Other IRS Filings a	nd Tax Compl	iance	<b>e</b> (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth				х
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	4a		~
a	b If "Yes," enter the name of the foreign country: ►				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	( )	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5a 5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or		5c		
	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions				
	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 and services	s 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 re-	•			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year70				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr		7e 7f		
f					
g					
<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>					
8	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		-		
a			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	a			
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 shareholders11	a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
46	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
	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. Is the organization licensed to issue qualified health plans in more than one state?		13a		
d	Note. See the instructions for additional information the organization must report on Schedule O.		134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
5	organization is licensed to issue qualified health plans 13	,			
с	Enter the amount of reserves on hand 13				
	<u> </u>	- 1	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
excess parachute payment(s) during the year?					X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2018)

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# AREA CONGREGATIONS TOGETHER IN SERVICE

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

X

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.

4			11	Yes	;
	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>		
	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 0.		11		
	Enter the number of voting members included in line 1a, above, who are independent	[ 1b ]	<u>+ +</u>		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?		2		ł
	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the		···· <u> </u>		╉
	of officers, directors, or trustees, or key employees to a management company or other person?		3		
	Did the organization make any significant changes to its governing documents since the prior Form				╉
	Did the organization make any significant changes to its governing documents since the prior roman Did the organization become aware during the year of a significant diversion of the organization's as				┥
					┥
	Did the organization have members or stockholders?				╉
	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?				
	Are any governance decisions of the organization reserved to (or subject to approval by) members,				Τ
	persons other than the governing body?		76		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				1
	The governing body?		8a	X	Ţ
	Each committee with authority to act on behalf of the governing body?				╋
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			+	┥
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
	tion B. Policies (This Section B requests information about policies not required by the Internal R				
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10	_	
	If "Yes," did the organization have written policies and procedures governing the activities of such o			-	┫
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body				+
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the energy institute a constitute of a first superior of the Male II as to live 10		12		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?			+
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		121	<u>'  **</u>	+
			120	x	
	in Schedule O how this was done				+
	Did the organization have a written whistleblower policy?				+
	Did the organization have a written document retention and destruction policy?		14		+
	Did the process for determining compensation of the following persons include a review and approv	•			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		40	X	
	The organization's CEO, Executive Director, or top management official			37	+
α	Other officers or key employees of the organization		15	, ^	+
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				
	taxable entity during the year?		16	3	+
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial states are formed to be a feature to be formed to be a feature to be a f				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16		
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ VA				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990-T (Section 501(	c)(3)s on	ly) avai	ila
	for public inspection. Indicate how you made these available. Check all that apply.				
		in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy	and fina	incial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records $\blacktriangleright$ _			
	THE CORPORATION - 804-644-2401				
	1518 WILLOW LAWN DR, SUITE 301, RICHMOND, VA 2323	30			
-				m <b>990</b>	•

Part VII	Compensation of Officers,	<b>Directors, Trustees,</b>	Key Employees,	<b>Highest Compensated</b>
	Employees, and Independe	ent Contractors		

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l				npe	iout	(D)	(E)	(F)
(A) Name and Title				Pos	<b>C)</b> ition	n				(F) Estimated
Name and Title	Average		not c	heck	more rson	than		Reportable compensation	Reportable compensation	amount of
	hours per week				lirecto			from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				Ð		organization	(W-2/1099-MISC)	from the
	related	e or	stee			Isate		(W-2/1099-MISC)	(11 2) 1000 11100)	organization
	organizations	trust	al tru		yee	mpe				and related
	below	dual	ution	5	nplo	est co o yee	er			organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Form			-
(1) NEIL TALEGAONKAR	0.60	_	_	_	_					
VICE PRESIDENT		x		x				0.	0.	0.
(2) ELLEN LONG	0.96									
PRESIDENT		x		x				0.	0.	0.
(3) AMY HANSEN	0.57									-
TREASURER		x		x				0.	0.	0.
(4) ROB MAST	0.46							•••		•••
SECRETARY		x		x				0.	0.	0.
(5) FROSTY OWEN	1.15									
DIRECTOR		x						0.	0.	0.
(6) RON GARSTKA	0.35								••	••
DIRECTOR	0.55	x						0.	0.	0.
(7) BETH HOLTHAUS	2.80			-	├──				••	0.
	2.00	x						0.	0.	0.
DIRECTOR	4.25	^			├			0.	0.	0.
(8) SUZANNE LONG	4.25	x						0.	0.	0.
DIRECTOR	0.23	^			<u> </u>			0.	0.	0.
(9) CANDACE MRAZ	0.23								0	0
DIRECTOR		X			┝─			0.	0.	0.
(10) JULIE CALL	0.04	.,							0	0
DIRECTOR	0.11	X						0.	0.	0.
(11) GARTH CALLAGHAN	0.11									•
DIRECTOR		X						0.	0.	0.
(12) WILLIAM POARCH	40.00									
EXECUTIVE DIRECTOR				х				79,416.	0.	14,895.
832007 12-31-18										Form <b>990</b> (2018)

7

832007 12-31-18

	990 (2018	B) AREA	CONGRE	EGATI	SNS	5 7	00	SE.	ГНI	ER	IN SERVICE	45-3	020	788	Pa	ıge <b>8</b>
Part	: VII Sec	ction A. Officers, Directo	ors, Trustees	s, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
		(A) Name and title	ho	(B) overage ours per week	box	not cl , unle:	ss per	ition more rson i	than is boti pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	on	am	(F) imate ount c other	
			hi r orga	list any ours for related anizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga and	pensat om the nization relate nization	e on ed
					-											
1b	Sub-tota	I									79,416.		0.	14	1,89	95.
с	Total from	m continuation sheets t d lines 1b and 1c)	o Part VII, Se	ection A							0. 79,416.		0.	14	1,89	0. 95.
		nber of individuals (includ ation from the organization	-	nited to th	nose	liste	ed at	oove	e) wh	no re	eceived more than \$100	0,000 of reportab	le		Yes	0 No
		rganization list any <b>forme</b> f "Yes," complete Schedu	,								•			3	103	x
4	For any ir and relate	ndividual listed on line 1a, ed organizations greater t	is the sum o han \$150,000	f reportab 0? <i>If</i> "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	d otl e <i>J f</i>	her compensation from for such individual	the organization		4		X
	• •	erson listed on line 1a re to the organization? <i>If</i> "γ		-				-			-			5		х
		lependent Contractors					- 1									
	-	this table for your five hi ization. Report compens	-										npens			
		Name and I	(A) business add	ress	NC	ONE	2			_	<b>(B)</b> Description of s	ervices	С	(C) compen		1
										-						
		nber of independent cont of compensation from th			not lii	mite	d to		se lis )	stec	above) who received n	nore than		Form <b>9</b>	<b>190</b> (0	010
														1.01111 2	2) 00	.010)

832008 12-31-18

				TIONS TO	GETHER IN	SERVICE	45-3020	788 Page 9
Pa	rt VI	II Statement of Rever	nue					
_		Check if Schedule O cont	ains a response o	or note to any lin		(B)	(C)	
					<b>(A)</b> Total revenue	Related or exempt function revenue	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Gra		Membership dues						
₽, ts,		Fundraising events		36,923.				
lar Gif		Related organizations						
Sin',		Government grants (contribut						
er utio	f	All other contributions, gifts, gran		5 27 112				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo		527,113. 34,431.				
n or la		Noncash contributions included in lines <b>Total.</b> Add lines 1a-1f			564,036.			
<u> </u>				Business Code	50170501			
ø	2 a		t					
e zi	b							
Se	с							
ram leve	d							
Program Service Revenue	е							
ā	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including			0.00			0.00
		other similar amounts)			868.			868.
	4	Income from investment of ta		F				
	5	Royalties						
	6 2	Gross rents	(i) Real	(ii) Personal				
		Gross rents Less: rental expenses						
	c	<b>—</b>						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,650.					
	b	Less: cost or other basis						
		and sales expenses	2,756.					
	С	Gain or (loss)	-106.		100			1.0.5
		Net gain or (loss)	г	🕨	-106.			-106.
en	8 a	Gross income from fundraisin	• ·					
ven		including \$ 36,9						
Other Revenue		contributions reported on line	,	40,629.				
her	h	Part IV, line 18 Less: direct expenses	·····	34,501.				
đ		Net income or (loss) from fund		► <b>•</b>	6,128.			6,128.
		Gross income from gaming ac	Ϋ́ Γ	►	-,==;			-,
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam		<b>&gt;</b>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ļ	С	Net income or (loss) from sale						
-		Miscellaneous Revenu	le	Business Code				
	11 a							
	b							
	c C							
	d e		<u>I</u>					
	12	Total revenue. See instructions			570,926.	0.	0.	6,890.
83200	9 12-3			F	-			Form <b>990</b> (2018

Part IX Statement of Functional Expenses

AREA CONGREGATIONS TOGETHER IN SERVICE

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	<b>(C)</b> Management and	(D) Eundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	200,211.	200,211.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	93,057.	32,570.	37,223.	23,264
6	trustees, and key employees Compensation not included above, to disqualified	55,057.	52,570.	57,225.	25,204
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	165,829.	120,380.	2,122.	43,327
8	Pension plan accruals and contributions (include	· ·		· · · · ·	
	section 401(k) and 403(b) employer contributions)	5,321.	3,908.	69.	1,344
9	Other employee benefits	10,438.	7,360.	130.	<u>1,344</u> 2,948
0	Payroll taxes	19,444.	11,764.	2,682.	4,998
1	Fees for services (non-employees):				
а	Management				
b	Legal	11 000		11 000	
С	Accounting	11,280.		11,280.	
d	, , , , , , , , , , , , , , , , , , ,				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	195.			195
12	Advertising and promotion	15,706.	9,266.	4,398.	2,042
13 14	Office expenses Information technology	180.	107.	50.	2,012
15	Royalties				
16	Occupancy	18,395.	10,853.	5,151.	2,391
17	Travel	3,047.	1,322.	441.	1,284
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,102.	3,551.	1,420.	2,131
23	Insurance	6,634.	3,751.	1,951.	932
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 0.)				
а	MISCELLANEOUS	2,777.	468.	937.	1,372
b	TRAINING	2,222.	964.	321.	937
c d	TAXES & LICENCES	297.		297.	
d	All other expenses				
	All other expenses	562,135.	406,475.	68,472.	87,188
25 26	Joint costs. Complete this line only if the organization	502,1550	200, 1, 0, 0	00,1120	57,100
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

832010 12-31-18

15431021 795745 1135

15431021 795745 1135

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 242,333. Cash - non-interest-bearing 1 2 Savings and temporary cash investments

AREA CONGREGATIONS TOGETHER IN SERVICE

250,025.

	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	1 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
ts.		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,229.			
	b	Less: accumulated depreciation		14,325.	12,778.	10c	10,904.
	11	Investments - publicly traded securities			-	11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	2,973.
	16	Total assets. Add lines 1 through 15 (must equ			255,111.	16	263,902
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to current and forme					
litie		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
5	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D	-			25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0 .
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here 🕨 🗴 and			
ş		complete lines 27 through 29, and lines 33 ar					
luce	27	Unrestricted net assets			255,111.	27	263,902.
sala	28					28	
ЫdЕ	29	Permanently restricted net assets		<u></u>		29	
Fun		Organizations that do not follow SFAS 117 (A					
P		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ea				31	
et /	32	Retained earnings, endowment, accumulated in	ncome,	or other funds		32	
z	33	Total net assets or fund balances			255,111.	33	263,902.
	34				255,111.	34	263,902.
							Eorm <b>990</b> (2018

1

2

(B)

End of year

2 Total expenses (must equal Part IX, column (A), line 25) 2 562	,926. ,135. ,791. ,111.
1       Total revenue (must equal Part VIII, column (A), line 12)       1       570         2       Total expenses (must equal Part IX, column (A), line 25)       2       562	,135. ,791.
2 Total expenses (must equal Part IX, column (A), line 25) 2 562	,135. ,791.
2 Total expenses (must equal Part IX, column (A), line 25) 2 562	,135. ,791.
	,791.
	<u>,111.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 255	
5 Net unrealized gains (losses) on investments 5	
6 Donated services and use of facilities 6	
7 Investment expenses 7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain in Schedule O)9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	
	,902.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	<u> []</u>
	'es No
1 Accounting method used to prepare the Form 990: X Cash Cash Corual Cother	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a    Were the organization's financial statements compiled or reviewed by an independent accountant?    2a	x
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant? 2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	X
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	X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	

Form **990** (2018)

832012 12-31-18

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

## \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

45-3020788

AREA	CONGREGATIONS	TOGETHER	IN	SERVICE	
Organization type (check one):					_

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

J For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

45-3020788

# AREA CONGREGATIONS TOGETHER IN SERVICE

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$18,100.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$20,000.	Person X Payroll Noncash (Complete Part II for
823452 11-08		Cohodulo D /Form	noncash contributions.) 990, 990-EZ, or 990-PF) (2018)

2018.04030 AREA CONGREGATIONS TOGETHER 1135\_\_\_1

15431021 795745 1135

Employer identification number

45 - 3020788

# AREA CONGREGATIONS TOGETHER IN SERVICE

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$8,354.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	۶-18 1 !	5 Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

Page 2

Employer identification number

45 - 3020788

## AREA CONGREGATIONS TOGETHER IN SERVICE

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)

rm 990, 990-EZ, or 990-PF) (20 (⊦

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15431021 795745 1135

Employer identification number

Page 2

45-3020788

#### AREA CONGREGATIONS TOGETHER IN SERVICE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 20 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 22 Х Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 23 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 823452 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Employer identification number

45 - 3020788

### AREA CONGREGATIONS TOGETHER IN SERVICE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	ARE BAG ITEMS		
		\$100.	10/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 4
Name of o	rganization			Employer identification number
AREA	CONGREGATIONS TOGETHER	IN SERVICE		45-3020788
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)	ions to organizations described in s	try For organizations	) that total more than \$1,000 for the yea
	completing Part III, enter the total of exclusively religious, on Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or space is needed.	less for the year. (Enter this info. or	Ice.) • •
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, ar			ansferor to transferee
		[		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
·		(e) Transfer of gif		
	Transferee's name, address, ar		ansferor to transferee	
(a) No		[		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
				D (7
823454 11-08	8-18	19	Schedule	e B (Form 990, 990-EZ, or 990-PF) (2018

15431021 795745 1135 2018.04030 AREA CONGREGATIONS TOGETHER 1135\_\_\_1

SCHEDULE D

(Form 990)

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



	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest inform	nation.	Inspection
	e of the organizati	ion		Employe	r identification number
_			TOGETHER IN SERVICE		45-3020788
Par	-	ations Maintaining Donor Advise		s or Accounts	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lir		(b) Funda a	nd other accounts
			(a) Donor advised funds	(b) Funds a	nd other accounts
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5	-	on inform all donors and donor advisors in	-		
~		on's property, subject to the organization's			L Yes No
6		on inform all grantees, donors, and donor a			
		poses and not for the benefit of the donor o		0	
Par	impermissible priv	vation Easements. Complete if the org	ganization answered "Ves" on Form 990		Yes No
1		servation easements held by the organizat		raitiv, mer.	
•		n of land for public use (e.g., recreation or e	· · · · · · · · · · · · · · · · · · ·	torically important	land area
		of natural habitat	Preservation of a cer		
		n of open space			
2		through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation	easement on the last
2	day of the tax yea				at the End of the Tax Year
а	Total number of co				
b	Total acreage rest	2b			
c	Number of conser				
d	Number of conser				
		nal Register			
3		rvation easements modified, transferred, re			ing the tax
	year 🕨			C	C C
4		where property subject to conservation ea	sement is located		
5		ation have a written policy regarding the pe			
	violations, and ent	forcement of the conservation easements i	it holds?		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easeme	nts during the year
	▶				
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements d	uring the year
	▶\$				
8	Does each conser	rvation easement reported on line 2(d) abov	ve satisfy the requirements of section 170	D(h)(4)(B)(i)	
	and section 170(h	n)(4)(B)(ii)?			🗌 Yes 🔛 No
9	In Part XIII, descri	be how the organization reports conservat	ion easements in its revenue and expension	e statement, and b	palance sheet, and
	include, if applicat	ble, the text of the footnote to the organiza	tion's financial statements that describes	the organization's	s accounting for
_	conservation ease		· · · · · · · · · · · · · · · · · · ·		
Par		ations Maintaining Collections o		other Similar A	Assets.
		f the organization answered "Yes" on Form			
1a	-	elected, as permitted under SFAS 116 (AS			
		s, or other similar assets held for public ex		ance of public serv	vice, provide, in Part XIII,
_		tnote to its financial statements that descr			
b	-	elected, as permitted under SFAS 116 (AS			
		r similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provi	de the following amounts
	relating to these it			<b>L</b> -	
		uded on Form 990, Part VIII, line 1			
~		ed in Form 990, Part X			
2	-	received or held works of art, historical tre		al gain, provide	
	-	unts required to be reported under SFAS 1		►	
а	Revenue included	I on Form 990, Part VIII, line 1		🕨 💲 🔄	

**b** Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule D (Form 990) 2018

e Other	_		NGREGATION	S TOO	<b>JETHER</b>	IN SE	RVICI	E 4	5-30	2078	3 Ра	age <b>2</b>
icheck all that apply:       icheck all that apply:         a       Debice exhibition         b       Scholarly research         c       Preservation for future generations         b       Compt be year, did the organization solucitors and explain how they further the organization's exempt purpose in Part XIII.         c       Drovide a description of the organization solucitor receive domations of art, historical treasures, or other similar assets         to be sold to raise funds rather than to be minitariade as pard of the organization answered "Yes" on Form 990, Part X, line 20.         Test be organization and custofiel Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21.         Test be organization and pert.         c       Beginning balance         c       Amount         to be throutions outing the year         d       Is the organization and the organization solucity or solutions or other assets not included on form 900, Part X, line 21, for escrow or custodial account liability?         c       Beginning balance         d       Det the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability?         d       Contex erganization include an amount on Form 900, Part X, line 10.         Test be the organization include an amount on Form 900, Part X, line 10.       Part V         Tend yeas       Compties of the organization inside asconte	Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tre	easures,	or Othe	er Simila	ır Asse	<b>ts</b> (contin	ued)	
a Public exhibition during the year induced and the optimismum of the organization is example programs of the organization is collection?  a Provide a description of the organization's collections and explain how they further the organization's exompt purpose in Part XIII.  b During the year, did the organization social 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 asswered "Yes" on Form 90, Part IV, Iles 0, or reported an amount on Form 900, Part X, line 21.  a Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.  b Edition 1 Part, "Part," Part NII Best and a complete the following table:  c Beginning balance	3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	at are a s	ignificant ι	ise of its	collectio	n item	s
b       Scholary research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets       to be solid to raise funds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part IV, line 9, or responded 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, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Intermediate (line 1)         2a       Did the organization include an amount on Form 990, Part X, line 21.       Intermediate (line 1)       Intermediate (line 1)       Intermediate (line 1)         2a       Did the organization include an amount on Form 990, Part X, line 21.       Intermediate (line 1)       Intermediate (line 1)       Intermediate (line 1)         2a       Did the organization include an amount on Form 990, Part X, line 21.       Intermediate (line 1)       Intermediate (line 1)       Intermediate (line 1)         2a		(check all that apply):										
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets         10       be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part KJ, line 921, the score and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part KJ, line 921, the score and custodial arrangements or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, the score and custodial arrangement in Part XIII and complete the following table:         6       Beginning balance	а	Public exhibition	d	I 🛄 L	oan or excl	hange progr	ams					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     Souring the year, dit the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV. Ine 9, or     reported an amount on Form 990, Part X. Ine 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X.     Beginning balance     C Beginning balance     Is difficult and complete the following table:     Amount     Is difficult and the organization answered "Yes" on Form 990, Part X.     Ine 21, for secrew or custodial account liability?     Ves     No     b. If 'Yes, 'soplain the arrangement in Part XIII.     Check here if the explanation has been provided on Part XIII.     Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X.     Ine 21, for secrew or custodial account liability?     Is degrining of year balance     Is contributions     Is degrining of year balance     Is control.     Is a content funds.     Complete if the organization include en amount on Form 990, Part X.     Ine 21, for secrem 40, Part YU, line 10.     Is a content endowment the organization answered "Yes' on Form 990, Part X.     Ine 21, for secrem 40, Part YU, line 10.     Is a content endowment the organization answered "Yes' on Form 990, Part X.     Ine 21, for secrem 40, Part YU, line 10.     Controlutions     Is a content endowment the organization answered "Yes' on Form 990, Part X.     Ine 21, for secrem 40, Part YU, line 10.     Is a conthere endowment the organization is endowment the organization fo	b	Scholarly research	e	, L C	Other							
S 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?     Part M Excrow and Clustodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part W, line 9, or reported an amount on Form 990, Part X, line 21.     Is the organization an agent. It rustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (2000).     If 'Yes,' explain the arrangement in Part XIII and complete the following table:         C Beginning balance         C Beginning of year balance         C Beginning of year balance         C Beginning of year balance         C Not the organization answered 'Yes' on Form 990, Part V, line 10.         Contributions         C Not thives: replate the arrangement in Part XII. Check here if the organization answered 'Yes' on Form 990, Part V, line 10.         Contributions         C Not thives contrabutions         C Not thive symptement earranges of the Scheet (the organization thas been provided on Part XII         Contributions         C Not thives: replate the comment Event (the Organization answered 'Yes' on Form 990, Part V, line 10.         Contributions         Contributions         Contributions         Contributions         Contribut	с	Preservation for future generations										
top sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No.         Part W       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 980, Part X, line 21.       1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization answered 'Yes' on Form 980, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 980, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 980, Part IV, line 10.         1a Beginning of year balance       Image: Complete if the organization answered 'Yes' on Form 980, Part V, line 10.       Image: Complete if the organization answered 'Yes' on Form 980, Part V, line 10.         2 Provide the estimated percentage on the scale advectore in the organization answered 'Yes' on Form 980, Part V, line 10.       Image: Complete if the organization is devectore in th	4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organizat	ion's exe	mpt purpo	se in Par	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercised and another the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X // Exercised and another the following table:         It was, "explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or outper intermediary for contributions of the part of the arrangement in Part XIII and complete the following table:         C Beginning balance       Image: Complete intermediary for escrow or custodial account liability?       Image: Complete intermediary for escrow or custodial account liability?         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?         Part V       Endowment Funds. Complete in the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete intermediary for escrew or custodial account liability?         In Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         In Administrative expenses       (b) Control was in the possession of the organization that are held and administered for the organizatio	5	During the year, did the organization solicit o	r receive donations	of art, his	torical treas	sures, or oth	er simila	r assets		-		-
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, line 21, for escrow or custodial account liability?       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete the following table:       Image: Complete the following table:         c Beginning balance       1d       Image: Complete the following table:       Image: Complete the following table:         Part V       Endowment Funds. Complete the following table:       Image: Complete the following table:       Image: Complete the following table:         Part V       Endowment Funds. Complete the following table:       Image: Complete the following table:       Image: Complete the following table:         Part V       Endowment Funds. Complete the the organization nawered 'Ves' on Form 990, Part IV, line 10.       Image: Complete the following table:       Image: Complete the following table:         1a Beginning of year balance       (a) Current year       (b) Prior year Complete the following table:       Image: Complete the fall table:       Image: Complete the fall table:         1a Continuous       (a) Current year       (b) Prior year Complete the fall table:       Image: Complete table:       Image: Complete table:				U								No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Amount         c       Beginning balance       Ic       Amount       Ic       Amount       Ic         d       Additions during the year       Id	Par			ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
on Form 990, Part X7       Yes       No         b       If 'Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2a       Dist the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization narwered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1b       Contributions       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         2       Provide the												
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a			•						-		1
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the organization answered "Yes" on Form 990, Part XI, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XI, line 10.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the organization answered "Yes" on Form 990, Part XII.       Image: Check here if the explanation has been provided on part XIII.       Image: Check here if the organization has been provided on part XIII.       Image: Check here if the organization has been provided on part XIII.       Image: Check here if the organization has been provided on part XIII.       Image: Check here if the organization here part XIII here here here he		on Form 990, Part X?								Yes		No
c       Beginning balance       ic       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       i	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
d Additions during the year       1d         e Distributions during the year       1e         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: the second seco										Amount		
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back (e) Four years back (e) Four years back if a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back if (e) Four years back if a Grants or scholarships         a       Orther expenditures for facilities and programs												
f       Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part K, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (b) Christian       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         7       Contributions       (a) Current year       (b) Chack       (c) Two years back       (d) Three years back         7       Administrative expenses       (d) Administrative expenses <t< th=""><th>e</th><th colspan="8"></th><th></th><th></th><th></th></t<>	e											
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         f       Administrative expenses       (a) Current year       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back       (f) Two years back       (f) Three years back       (f) Two years back       f) Completers of facilitis </th <th>f</th> <th colspan="8"></th> <th>1</th> <th></th> <th>1</th>	f									1		1
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         and programs       (c) Two years or charts       (c) Two years back       (e) Four year       (e) Four years back         g End of year balance       (c) Atministrative expension       (c) Two years back       (e) Four year       (c) Two years back         g End of year balance       (c) Fouryear       (c) Four year       <		-						• • • • • • • • • •				] <b>No</b> ]
Image: transmission of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Image: transmission of the estimated programs       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Image: transmission of the estimated programs       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Image: transmission of the estimated programs       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Image: transmission of the organization of the expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Image: transmission of the organization of transmission of the organization transmission of the organization that are held and administered for the organization by:       (i) unrelated organizations       (ii) and 2c should equal 100%.         Image: transmission of the organization is the possession of the organization that are held and administered for the organization by:       (i) unrelated organizations       (ii) (i) Unrelated organizations       (ii) (ii) (ii) (ii) (ii) (ii) (iii) (iii												
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs Image: Contribution of the expenditures of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶%   b Permanent endowment ▶  %   b Permanent endowment ▶  %   b   c   Temporarily restricted endowment ▶  %   f   Temporarily restricted endowment ▶  %   f   Temporarily restricted endowment ▶  %   f   fil) related organizations   (ii) unrelated organizations   (iii) related organizations   Beroto for property   (a) Cost or other   basis (investment)   Description of property   (a) Cost or other   basis (other)   basis (other)   basis (other)   basis (other)   basis (other)   c   basis (other)   basis (other)   basis (other)   c   basis (other)   c   basis (other)   basis (other)   c   b	Fai		-						ara baak	(a) Four	Vooro	book
b       Contributions	10	Designing of year balance	(a) Current year	(D) Pr	for year	(C) TWU yea	IS DACK	( <b>a)</b> Thee ye	ais Dauk	(e) Four	years	Jack
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c   Temporarily restricted endowment ▶  %   b   Permanent endowment ▶  %   the percentages on lines 2a, 2b, and 2c should equal 100%.   3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i) unrelated organizations   (ii) related organizations   b   f   Administrative sa(ii), are the related organization's endowment funds.     Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b   b   b   Buildings   c   Land   b   b   b   b   c   Land   b   b   b   b   c   Land    b   b <tr< th=""><th>la b</th><th colspan="9"></th><th></th><th></th></tr<>	la b											
d Grants or scholarships	u o											
e       Other expenditures for facilities and programs	C A											
and programs												
f       Administrative expenses	e	-										
g End of year balance	£											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         mthe percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) add(i)</li> <li>(i) add(i)</li> <li>(ii) all (ings, and Equipment.</li> </ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>Ia Land</li>												
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-		rent year end balanc	L na (lina 1 c	u column (a	)) hold as:						
b       Permanent endowment ▶      %         c       Temporarily restricted endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-		rent year end baland		, column (a	jj neiu as.						
c       Temporarily restricted endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)         (i)       unrelated organizations       3a(i)         (ii)       related organizations       3a(ii)         (ii)       related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         b       Buildings	a h		%									
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> </ul> <ul> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> </ul> <ul> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li>             &lt;</ul>												
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       3a(i)       3a(i)       3a(ii)	U											
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Description of property (b) Cost or other (c) Accumulated (c) Accumulat	3a			ation that	t are held a	nd administe	ered for t	he organiz	ation			
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1a Land       1a Land       1a Land         b Buildings       1a Land       1a Land       1a Land         c Leasehold improvements       25,229.       14,325.       10,904.         e Other       0       1a Land	ou							no organiz		Г	Yes	No
(ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         b       basis (investment)         basis (other)       depreciation         c       Leasehold improvements         d       Equipment         e       Other		-										
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land          b       Buildings          c       Leasehold improvements       25,229.       14,325.         d       Equipment       25,229.       14,325.         e       Other       0ther       0ther												
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       25,229.         d Equipment       25,229.         e Other       0	b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on So	chedule R?					3b		
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4									L1		
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par											
Image: state of the state o		Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990	0, Part X,	line 10.				
b Buildings		Description of property			• •		. ,		d	(d) Bool	k value	3
b Buildings	1a	Land										
c Leasehold improvements												
d Equipment         25,229.         14,325.         10,904.           e Other												
e Other					2	5,229.		14,32	25.	10	),9	04.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c.)				1	),9	04.

Schedule D (Form 990) 2018

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Complete if the organization answered "Yes"	on Form 990, Part IV	line 11b. See Form 990	J, Part A, Illie 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			
2) Closely-held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV	line 11c. See Form 990	), Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			
(9)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes"		line 11d. See Form 990	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I	on Form 990, Part IV Description	line 11d. See Form 990	), Part X, line 15. <b>(b)</b> Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1)		line 11d. See Form 990	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2)		line 11d. See Form 990	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3)		line 11d. See Form 990	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4)		line 11d. See Form 990	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5)		line 11d. See Form 990	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6)		line 11d. See Form 990	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7)		line 11d. See Form 990	
(9)         Dtal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)		line 11d. See Form 990	
(9)         otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) [         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)	Description	line 11d. See Form 990	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	line 11d. See Form 990	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		(b) Book value
(9) Dtal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of "Part"	Description	line 11e or 11f. See For	(b) Book value
(9)         otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability	Description		(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes	Description	line 11e or 11f. See For	(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) [         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)	Description	line 11e or 11f. See For	(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)	Description	line 11e or 11f. See For	(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)	Description	line 11e or 11f. See For	(b) Book value
(9)         Dtal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Dther Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)	Description	line 11e or 11f. See For	(b) Book value
(9)         Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Datal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)	Description	line 11e or 11f. See For	(b) Book value
(9)         otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)	Description	line 11e or 11f. See For	(b) Book value
(9)         otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         (1)         Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)	Description	line 11e or 11f. See For	(b) Book value
(9)         otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)	Description	line 11e or 11f. See For	(b) Book value

AREA CONGREGATIONS TOGETHER IN SERVICE

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

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Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 AREA CONGREGATIONS TOGETHER	IN IN	SERVICE	45-3	3020788	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue pe	er Return	-	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses	per Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
	Total expenses and losses per audited financial statements			1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
	Donated services and use of facilities					
	Prior year adjustments			_		
	Other losses			_		
	Other (Describe in Part XIII.)	-		_		
	Add lines 2a through 2d					
	Subtract line 2e from line 1			3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b					
	Other (Describe in Part XIII.)					
_c	Add lines 4a and 4b					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
Par	t XIII Supplemental Information.					

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

SCHEDULE G	Suppleme	ntal Information Re	egarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2018		
	0	Attach to		-		-			Open to Public		
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form99					ion.		Inspection		
Name of the organization		NGREGATIONS	TOGETH	ER	IN	SERVICE		Employer ide 45-3020	ntification number 788		
	complete this part	Complete if the organiza	ation answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not		
<ol> <li>Indicate whether th         <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> </ul> </li> <li>2 a Did the organization key employees list</li> </ol>	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	ed funds through any of e f g or oral agreement with any art VII) or entity in connect viduals or entities (fundra	Solicitat Solicitat Special y individual ction with p	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes			
(i) Name and addres or entity (fund		(iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts (iv) Gross receipts from activity (v) Amount pai to (or retained b fundraiser from activity listed in col. (i				or retained by) fundraiser	(vi) Amount paid to (or retained by) organization				
				Yes	No						
Total											
		n is registered or license			outions	l s or has been notified	d it is	exempt from r	egistration		
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions	s for Form	990 or	990-	EZ. 5	Schee	dule G (Form 9	90 or 990-EZ) 2018		

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 AREA CONGREGATIONS TOGETHER IN SERVICE 45-3020788 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ANNUAL EVENT			col. (c)
β			(event type)	(event type)	(total number)	
ani iasau	1	Gross receipts	77,552.			77,552
	2	Less: Contributions	36,923.			36,923
	3	Gross income (line 1 minus line 2)	40,629.			40,629
	4	Cash prizes				
,	5	Noncash prizes				
המו ואמ	6	Rent/facility costs				
חווברו באחבוואבא	7	Food and beverages	13,766.			13,766
٦	8	Entertainment				
	9	Other direct expenses				20,735
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	34,501
		,,				6,128
'a	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	1	() ) Dull to be (instant		
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
				bingo/progressive bingo		
2						
	1	Gross revenue				
	~	Cash prime				
200	2	Cash prizes				
	2 3	Cash prizes				
ni ect Expenses						
nieci Expenses	3 4	Noncash prizes				
	3 4	Noncash prizes		Yes %	Yes %	
	3 4 5	Noncash prizes Rent/facility costs Other direct expenses		└── Yes % └── No	└── Yes% └── No	
	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	└── Yes% └── No	No	No	
	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	└── Yes% └── No	No	No	
חוובתו באחבווסם	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes%     No     No     S in column (d)	□ No	No No	
	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%     No     No     S in column (d)	□ No	No No	
	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	Yes %           No           5 in column (d)           7 from line 1, column (d)	No	─ No	
•	3 4 5 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	h 5 in column (d)	No	No	
) a	3 4 5 7 8 Entilist	Noncash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No No states?	No	
e a	3 4 5 7 8 Entilist	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No No states?	No	
9 a	3 4 5 7 8 Entilist	Noncash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No No states?	No	
e a b	3 4 5 7 8 Ent Is t If "	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No	No	Yes N
a b Da	3 4 5 6 7 8 8 8 1s t 1f "	Noncash prizes	h 5 in column (d) from line 1, column (d) from line 1, column (d)	No     states?	No ►	Yes N
a b Da	3 4 5 6 7 8 8 8 1s t 1f "	Noncash prizes	h 5 in column (d) from line 1, column (d) from line 1, column (d)	No     states?	No ►	Yes N
a b Da	3 4 5 6 7 8 8 8 1s t 1f "	Noncash prizes	h 5 in column (d) from line 1, column (d) from line 1, column (d)	No     states?	No ►	Yes N
a b bab	3 4 5 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Noncash prizes	h 5 in column (d) from line 1, column (d) from line 1, column (d)	No     states?	No ►	Yes N

Sch	edule G (Form 990 or 990-EZ) 2018 AREA CONGREGATIONS TOGETHER IN SERVICE 45-3	<u>3020788</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
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?	Yes	🗌 No
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		%
	An outside facility	13b	%
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?	🗌 Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$ \$ and the amount of gaming revenue retained by the third party $\triangleright$ \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🖸 Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year <b>s</b>		01- 101-
Pa	<b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lines 9,	96, 106,
8320	33 10-03-18 Schedule G (Forr	n 990 or 990	)-EZ) 2018
20200	26		, _0 10

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Schedule G	i (Form 990 or 990-EZ) Supplemental Info	AREA CONGREGATIONS	TOGETHER	IN SERVI	CE 45-3020788	Page <b>4</b>
Part IV	Supplemental Info	rmation (continued)				
					Schedule G (Form 990 o	· 990-F7
832084 04-01-	18					
			27			

15431021 795745 1135 2018.04030 AREA CONGREGATIONS TOGETHER 1135\_\_\_1

<ul> <li>Z Enter total numb</li> <li>3 Enter total numb</li> <li>LHA For Paperwork</li> </ul>				<b>1 (a)</b> Name and ac or gov	Part II Grants an recipient th	criteria used to a <b>2</b> Describe in Part	1 Does the organiz	Name of the organization	Department of the Treasury Internal Revenue Service	SCHEDULE I (Form 990)
Enter total number of section but (c)(b) and government organizations listed in the line it table Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.				<b>1 (a)</b> Name and address of organization or government	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	criteria used to award the grants or assistance?	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	AREA		
s listed in the line ; see the Instruction				<b>(b)</b> EIN	<b>Domestic Organi</b> 55,000. Part II can	stance? scedures for monit	o substantiate the	CONGREGATIONS Grants and Assistance	Comp	GOG
ganizations listed in th 1 table ions for Form 990.				<b>(c)</b> IRC section (if applicable)	zations and Domestin be duplicated if addit	oring the use of grant	amount of the grants	TOGETHER	<ul> <li>✓ Attach to Form 990.</li> <li>✓ Go to www.irs.gov/Form990 for the latest information</li> </ul>	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
				<b>(d)</b> Amount of cash grant	<b>c Governments.</b> C ional space is need	funds in the Unite	or assistance, the	IN SERVICE	<ul> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	er Assistan Id Individual
				<b>(e)</b> Amount of non-cash assistance	omplete if the organd	d States.	grantees' eligibilit		m 990. r the latest inforn	ce to Organ Is in the Uni
: :				(f) Method of valuation (book, FMV, appraisal, other)	anization answered "Y		y for the grants or ass		nation.	izations, ted States
ŝ				(g) Description of noncash assistance	es" on Form 990, Part		istance, and the select			
Schedule I (Form 990) (2018)				(h) Purpose of grant or assistance	IV, line 21, for any	A Yes No		Employer identification number $45 - 3020788$	Open to Public Inspection	OMB No. 1545-0047

832101 11-02-18

Schedule I (Form 990) (2018) AREA CONGREGATIONS TOGETHER	ONS TOGE		IN SERVICE		45-3020788 Page 2
er Assistance to D	. Complete if the	organization answ	ered "Yes" on Form §	990, Part IV, line 22.	
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENT, MORTGAGE, UTILITY, OR OTHER HOUSEHOLD ASSISTANCE PAYMENTS	858	183,629.	13,617.	ESTIMATION/PURCHASE PRICE	HOUSEHOLD GOODS/CARE BAGS
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	
PART I, LINE 2: DIRECT BILL-BY-BILL PAYMENTS ON BE	BEHALF OF 1	NEEDY PERSONS	REFERE	D BY ACTS'	
SUPPORTING CONGREGATIONS AND FUNDING	NG PARTNERS.	ERS. ACTS	KEEPS A	COPY OF THE	
832102 11-02-18		29			Schedule I (Form 990) (2018)

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Employer identification number 45 - 3020788

Department of the Treasury	
Internal Revenue Service	

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

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

Attach to Form 990.

2018 **Open to Public** . Inspection

Name of the	organization
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AREA CONGREGATIONS TOGETHER IN SERVICE

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition ai	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		13,617.	ESTIMATION/	MAR	KET	PR
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9		X	1	2 756.	MARKET PRIC	'E		
	Securities - Publicly traded			2,750.		<u> </u>		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other <b>(</b> SILENT AUCTIO)	Х	100	18,079.	ESTIMATION/	MAR	$\mathbf{KET}$	PR
26	Other ► (							
27	Other 🕨 (							
28	Other ► ( )							
29	Number of Forms 8283 received by the organized	zation durin	g the tax year for c	contributions	•			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
	-						Yes	No
30a	During the year, did the organization receive by	y contributio	on any property re	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period	?	,	·		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	eauires the review	of any nonstandard contribu	utions?	31		Х
	Does the organization hire or use third parties					<u> </u>		
<u>u</u>	contributions?		0	· • ·		32a		х
h	If "Yes," describe in Part II.					0Lu		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of proport	v for which column (a) is cho	rked			
00	describe in Part II.			y to writer column (a) is che	oncu,			
LHA		the Instruc	tions for Form 00	0	Schedule N		n 000	2019
	i of raperwork neutron Act Notice, see		10113 101 FULLI 33	V.	Schedule IV		11 330	2010

832141 10-18-18

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Schedule M (Form 990) 2018 AREA CONGREGATIONS TOGETHER IN DERVICE 45 5020700 Page	Schedule M (Form 990) 2018	AREA	CONGREGATIONS	TOGETHER	IN	SERVICE	45-3020788	Page <b>2</b>
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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	31
431021 795745 1135	2018.04030 AREA CONGREGATIONS TOGETHER 1135

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ

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

Employer identification number

OMB No 1545-0047

AREA CONGREGATIONS TOGETHER IN SERVICE

45-3020788

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO LIVE SUSTAINABLE, SELF-SUFFICIENT AND DIGNIFIED LIVES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THE HOMELESS CRISIS LINE IS A MULTI-AGENCY PROGRAM SERVING AS THE

PRIMARY ACCESS POINT FOR HOMELESS SERVICES IN THE GREATER RICHMOND

CONTINUUM OF CARE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THIS PAST FISCAL YEAR, ACTS PROVIDED \$117,837 IN RENTAL ASSISTANCE;

\$29,783 IN ELECTRICAL ASSISTANCE; \$13,868 IN WATER ASSISTANCE; \$4,913

IN GAS ASSISTANCE; \$13,348 IN OTHER UTILITIES ASSISTANCE, AND \$3,791 IN

TRANSPORTATION, MEALS, AND OTHER ASSISTANCE. WITHOUT THIS ASSISTANCE

OUR CLIENTS WOULD HAVE NOT BEEN ABLE TO MAINTAIN THEIR STABLE HOUSING

AND WOULD HAVE POSSIBLY FACED EVICTION LEADING TO LIVING ON THE STREETS

OR IN A SHELTER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DIVERSION SPECIALISTS AND A COORDINATOR FROM MULTIPLE HOMELESS SERVICE PROVIDES. CURRENTLY THE PARTNERS INCLUDE: AREA CONGREGATIONS TOGETHER IN SERVICE (2 EMPLOYEES), HOMEAGAIN (1 EMPLOYEE), HOMEWARD, AND HOUSING FAMILIES FIRST (2 EMPLOYEES). THERE ARE CURRENTLY 5 DIVERSION SPECIALISTS WHO MANAGE THE HCL. THE HOURS OF OPERATION ARE MONDAY -FRIDAY 8AM TO 6PM. SINCE THE BEGINNING OF THE PARTNERSHIP IN OCTOBER 2018 UNTIL JULY 2019 THE HCL HAS RECEIVED 46,227 CALLS, AVERAGING 4,785

CALLS PER MONTH.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211
 10-10-18

AREA CONGREGATIONS TOGETHER IN SERVICE

Employer identification number 45 - 3020788

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS REVEIWED BY THE EXECUTIVE DIRECTOR AND TREASURER.

AFTER THEY APPROVE, A COPY IS PROVIDED TO EACH DIRECTOR FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE DIRECTORS SIGN EACH YEAR THAT THEY ARE AWARE OF THE POLICY AND THEY ARE

REMINDED AT EACH BOARD MEETING TO DISCLOSE ANY CONFLICT IF ONE EXISTS.

FORM 990, PART VI, SECTION B, LINE 15:

A COMMITTEE OF THE BOARD SELECTED THE EXECUTIVE DIRECTOR. THEY REVEIWED

OTHER LIKE SIZED ORGANIZATIONS TO DETERMINE AN APPROPRIATE COMPENSATION

PACKAGE.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMNETS ARE AVAILABLE TO THE PUBLIC IF REQUESTED.

832212 10-10-18