Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

19 Open to Public Inspection

OMB No. 1545-0047

Α	For the	e 2019 calendar year, or tax year beginning $ m JUL1,2019$ and ϵ	ending J	UN 30, 2020	
В	Check if applicabl	e: C Name of organization		D Employer identific	ation number
	Addre:	AREA CONGREGATIONS TOGETHER IN SERVICE			
	Name chang	Doing business as	45-30207	88	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final		301	804-644-2	
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	969,655.
	Ameno	RICHMOND, VA 25250		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer:WILLIAM POARCH	ID, VA	for subordinates	
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o			list. (see instructions)
		te: ► WWW.ACTSRVA.ORG		H(c) Group exemption	
		forganization: X Corporation Trust Association Other ►	L Year of		State of legal domicile: VA
Pa		Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO PR	ROVIDE	FUNDS, SUP	PORT, AND
anc		OTHER RESOURCES TO OUR NEIGHBORS IN FINAN	ICIAL	CRISIS, ENA	BLING THEM
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	
Š					12
ن ه		Number of independent voting members of the governing body (Part VI, line 1b) \ldots			12
ies		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			10
ivit	6	Total number of volunteers (estimate if necessary)	6	100	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39	·····		0.
		- · · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		564,036.	965,990. 0.
Revenue		Program service revenue (Part VIII, line 2g)		762.	1,149.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,128.	<u> </u>
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		570,926.	967,139.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		200,211.	243,922.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
10		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		294,089.	338,909.
Ise		Professional fundraising fees (Part IX, column (A), line 11e)	······	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) ► 74,95	53.	••	•••
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		67,835.	95,829.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		562,135.	678,660.
		Revenue less expenses. Subtract line 18 from line 12		8,791.	288,479.
Or				ginning of Current Year	End of Year
Assets or d Balances	20	Total assets (Part X, line 16)		263,902.	562,237.
ASS	21	Total liabilities (Part X, line 26)		0.	3,000.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		263,902.	559,237.
		Signature Block	•		

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

Sign Here	Signature of officer WILLIAM POARCH, CEO Type or print name and title	Date							
Paid	Print/Type preparer's name MEDA S LANE	FIEPalei S Signature	Date L0/01/20	PTIN P00361884					
Preparer	Firm's name ▶ LANE & ASSOCIATE		Firm's EIN 🕨 5	4-1216800					
Use Only	Firm's address 2839 HATHAWAY RO	AD							
	RICHMOND, VA 232	Phone no. (80	4)272-7421						
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
932001 01-2	32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE FUNDS, SUPPORT, AND OTHER RESOURCES TO OUR NEIGHBORS IN
	FINANCIAL CRISIS, ENABLING THEM TO LIVE SUSTAINABLE, SELF-SUFFICIENT AND DIGNIFIED LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (code:) (Expenses \$ 436,651. including grants of \$ 243,922. (Revenue \$ 891,64 AREA CONGREGATIONS TOGETHER IN SERVICE (ACTS) COLLABORATES WITH 60+
	PARTNER CONGREGATIONS AND OTHER AGENCIES IN THE GREATER RICHMOND
	METROPOLITAN AREA WORKING TO PREVENT HOMELESSNESS. DURING THIS FISCAL
	YEAR, ACTS RECEIVED 1394 REFERRALS REQUESTING ASSISTANCE. OF THAT
	NUMBER, ACTS WAS ABLE TO FINANCIALLY ASSIST 371 HOUSEHOLDS. THESE 371
	POSITIVELY IMPACTED HOUSEHOLDS INCLUDED 892 TOTAL PEOPLE OF WHOM 365
	WERE UNDER THE AGE OF 18 AND 91 WERE OVER 55. AN ADDITIONAL 1,308 OTH HOUSEHOLDS RECEIVED SOME SORT OF CASE MANAGEMENT INCLUDING NON-CASH
	ASSISTANCE OR REFERRALS TO OTHER AGENCIES OR ORGANIZATIONS THAT WOULD
	BE MORE APPROPRIATELY ALIGNED FOR THEIR SPECIFIC NEEDS.
	ACTS ALSO ACTIVELY COLLABORATES WITH OTHER ORGANIZATIONS WORKING TO
	PROVIDE FOOD AND CLOTHING TO OUR CLIENTS.
4b	(Code:) (Expenses \$ 74,346. including grants of \$) (Revenue \$ 74,34 THE HOMELESS CRISIS LINE (HCL) IS THE PRIMARY ACCESS POINT FOR HOMELE
	SERVICES IN THE GREATER RICHMOND CONTINUUM OF CARE (GRCOC). THE HCL
	PROVIDES PHONE-BASED, DIVERSION FOCUSED ACCESS AND SERVICES TO ALL
	CLIENTS EXPERIENCING OR AT IMMINENT RISK OF HOMELESSNESS IN THE FULL
	GEOGRAPHY OF THE GRCOC. THE HCL PROVIDES SAFETY PLANNING, DIVERSION,
	MEDIATION AND CONNECTIONS TO TEMPORARY OPTIONS. FOR CLIENTS WITHIN
	THREE DAYS OF EXPERIENCING HOMELESSNESS (INCLUDING THOSE ALREADY
	EXPERIENCING HOMELESSNESS), DIVERSION SPECIALISTS AT THE HCL ARE ABLE
	TO ENTER CLIENT INFORMATION IN THE HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS).
4-	THE HCL IS A MULTI-AGENCY, SYSTEM-LEVEL ACCESS POINT COMPRISED OF
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 510,997.
4e	Total program service expenses ► 510,997.
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Form	990	(2019)	

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			
	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			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		- 23
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,	0		
'	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	-		
Ū	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e	Х	- 21
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	- 23	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
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
14a	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i>	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	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,"			<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	<u> </u>	Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	x	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
Ũ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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
31	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? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 01	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 67		103	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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	4			
91	001 795745 1135 2019.04030 AREA CONGREGATIONS TOGETHER	113	35	1

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Part V	St	atements	Regardin	g Other IRS	Filings a	nd Tax Compl	iance	e (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	10					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		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 on Schedule (3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					v		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccou	nt)?	4a		X		
b	If "Yes," enter the name of the foreign country							
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		()	Ea		х		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5a 5b		X		
b C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
•••	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 contribution							
	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 serv	vices	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 wa	as rec	uired					
	to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontra	ct?	7e 7f				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h				
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
9	sponsoring organization have excess business holdings at any time during the year?			8				
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		10a						
b	F	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
		11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a				
		12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the							
5		13b						
с		13c						
				14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		or					
	excess parachute payment(s) during the year?			15		Х		
	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	t incc	me?	16		Х		
	If "Yes," complete Form 4720, Schedule O.							

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AREA CONGREGATIONS TOGETHER IN SERVICE 45-3020788

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

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response)
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	Х

	Enter the second configuration of the second in the left of the second		12		Yes	
la	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	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 on Schedule 0.		12			
	Enter the number of voting members included on line 1a, above, who are independent					
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			•		ł
	officer, director, trustee, or key employee?			2		╂
	Did the organization delegate control over management duties customarily performed by or under t			•		l
	of officers, directors, trustees, or key employees to a management company or other person?			3		ł
	Did the organization make any significant changes to its governing documents since the prior Form			4 5		ł
	Did the organization become aware during the year of a significant diversion of the organization's as			5 6		ł
	Did the organization have members or stockholders?			0		ł
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or				l
	persons other than the governing body?			7b		l
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					ſ
а	The governing body?			8a	Х	l
b	Each committee with authority to act on behalf of the governing body?			8b	Х	ĺ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the				l
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				,
					Yes	ļ
	Did the organization have local chapters, branches, or affiliates?			10a		ļ
	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?			10b		ļ
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing th	ne form?	11a	Х	ļ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					1
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	<u>X</u>	ļ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	ļ
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				37	
	in Schedule O how this was done			12c	X	ł
	Did the organization have a written whistleblower policy?			13	Х	ł
	Did the organization have a written document retention and destruction policy?			14		ļ
5	Did the process for determining compensation of the following persons include a review and appro- persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•	ent			
а	The organization's CEO, Executive Director, or top management official			15a	Х	I
	Other officers or key employees of the organization			15b	Х	t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					t
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
	taxable entity during the year?			16a		ĺ
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					I
	exempt status with respect to such arrangements?		<u></u>	16b		Ĵ
ect	tion C. Disclosure					
7	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,	and 990-T (Secti	on 501(c)(3)	s only) avai	k
	for public inspection. Indicate how you made these available. Check all that apply.	n on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		·	d finar	Icial	
	statements available to the public during the tax year.		r policy, all	u midi	iciai	
	State the name, address, and telephone number of the person who possesses the organization's b	ooks and record	s 🕨			
	THE CORPORATION - 804-644-2401		· •			
	1518 WILLOW LAWN DR, SUITE 301, RICHMOND, VA 232	30				
				Form	990	(
2000	01-20-20				~~~	1

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

See instructions for the order in which to list the persons above.

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

(A)	(B)	Ľ			C)			(D)	(E)	(F)
Name and title	Average	(1)		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	nd a d	recto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the organization	organizations	compensation
	hours for related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	Institutional trustee	er	Key employee	est co loyee	ler			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Form			
(1) NEIL TALEGAONKAR	0.20									
VICE PRESIDENT		Х		Х				0.	0.	0.
(2) ELLEN LONG	0.40									
PRESIDENT		Х		Х				0.	0.	0.
(3) AMY HANSEN	0.30									
TREASURER		Х		Х				0.	0.	0.
(4) ROB MAST	0.50									
SECRETARY		Х		Х				0.	0.	0.
(5) NAOMI DAVIS	0.20									_
DIRECTOR		Х						0.	0.	0.
(6) RON GARSTKA	0.50									
DIRECTOR		Х						0.	0.	0.
(7) BETH HOLTHAUS	0.80									
DIRECTOR		Х						0.	0.	0.
(8) SUZANNE LONG	2.30									
DIRECTOR		Х						0.	0.	0.
(9) CANDACE MRAZ	0.10									
DIRECTOR		х						0.	0.	0.
(10) AMANDA HEALY	0.20									•
DIRECTOR		х						0.	0.	0.
(11) JOE LEWIS	0.20									•
DIRECTOR		х						0.	0.	0.
(12) JOSH ROCKETT	0.30									0
DIRECTOR	40.00	X						0.	0.	0.
(13) WILLIAM POARCH	40.00							00 074		0
EXECUTIVE DIRECTOR				X				99,874.	0.	0.
				<u> </u>			<u> </u>			
		-								
							<u> </u>			
	ļ	-								
		<u> </u>								
		-								
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Form **990** (2019)

15091001 795745 1135

2019.04030 AREA CONGREGATIONS TOGETHER 1135___1

	990 (201	9) AREA	CONGREGATI	<u>ON:</u>	S 🤉	00	GE.	THE	ΞR	IN SERVICE	45-30)20	788	Pa	age 8
Par	t VII Se	ction A. Officers, Directo	rs, Trustees, Key Em	iploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
		(A) Name and title	(B) Average hours per week	box	not c , unle	ss per	ition more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		am	(F) timate nount o other	
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	9-MISC) 1 ori ar		pensa om the anizati d relate nizatio	e ion ed
				<u> </u>											
				<u> </u>											
				+											
				$\frac{1}{1}$											
				1											
44	Cubbata			1						99,874.		0.			0.
с	Total fro	l om continuation sheets to dd lines 1b and 1c)	Part VII, Section A							0.		0.			0.
2	Total nu	mber of individuals (includi sation from the organizatio	ng but not limited to t),000 of reportabl	e			0
		organization list any forme							-				3	Yes	No X
4	For any i	If "Yes," complete Schedu ndividual listed on line 1a, ed organizations greater tl	is the sum of reportab	ole co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		X
	rendered	person listed on line 1a rec to the organization? If "Ye	-				-			-			5		х
1	Complet	dependent Contractors e this table for your five hig										pens	ation f	rom	
	the orga	nization. Report compensa Name and b	(A) usiness address				VILLI	<u>or w</u>		(B) Description of s		c	(C omper		n
									_						
		mber of independent contr 0 of compensation from th		not li	mite	d to		se lis 0	stec	d above) who received n	nore than				
		,	y ¥										Form \$	990 (2	2019)

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					GREGA	TIONS T	OGETHER IN	SERVICE	45-3020	788 Page 9
Pa	rt \	/11								_
			Check if Schedule O	contains a r	esponse	or note to any	line in this Part VIII	(B)	(C)	
							(A) Total revenue	Related or exempt		(D) Revenue excluded
									business revenue	from tax under sections 512 - 514
S S				i	.					Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns		1a		-			
ũ Đ			Membership dues		1b 1c		_			
r Ar			Fundraising events				-			
ja Gi			Related organizations	F	1d	65,000	-			
Sin			Government grants (contr	· · ·	1e	05,000	4			
er uti		Ť	All other contributions, gifts,			900,990				
Ę₽			similar amounts not included		1f	12,262	4			
no D		-	Noncash contributions included in		1g \$		• 965,990			
0.6		n	Total. Add lines 1a-1f			Business Code				
•		_				Business Code	•			
Program Service Revenue	2	a L								
Ser		b								
E S		C d								
gra Re		d								
Pro		e ∡	All other program service							
			Total. Add lines 2a-2f							
	3		Investment income (includ							
	5		other similar amounts)	•	-		1,241			1,241.
	4		Income from investment of							
	5		Royalties	-	-					
	Ŭ			(i)	Real	(ii) Personal				
	6	а	Gross rents	6a		(.,	-			
	Ŭ		Less: rental expenses	6b			-			
			Rental income or (loss)	6c			-			
			Net rental income or (loss)	,		>				
	7		Gross amount from sales of		curities	(ii) Other				
			assets other than inventory		,424.		-			
		b	Less: cost or other basis		·		-			
ne			and sales expenses	7b 2	,516.					
evenue		с	Gain or (loss)	7c	-92.		-			
Rey			Net gain or (loss)				-92	•		-92.
Other R	8		Gross income from fundraisin			1				
₹			including \$	-	of					
			contributions reported on		e					
			Part IV, line 18		8a					
		b	Less: direct expenses							
			Net income or (loss) from			🕨				
	9		Gross income from gamin							
			Part IV, line 19		9a					
		b	Less: direct expenses							
		с	Net income or (loss) from	gaming acti	vities	🕨				
	10	а	Gross sales of inventory, I							
			and allowances							
		b	Less: cost of goods sold		10 b					
		с	Net income or (loss) from	sales of inv	entory					
S						Business Code				
loe or	11	а								
llan		b								
Miscellaneous Revenue		С								ļ
Mis			All other revenue							
			Total. Add lines 11a-11d							1 1 4 0
	12		Total revenue. See instruction	ons		🕨	967,139	. 0.	0.	1,149.
93200	9 01	1-20	-20							Form 990 (2019)

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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).

D 2	Check if Schedule O contains a respon	se or note to any line in (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 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	242 022	242 022		
_	individuals. See Part IV, line 22	243,922.	243,922.		
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,	101,573.	33,519.	31,894.	36,160
~	trustees, and key employees	101,575.	55,519.	51,094.	30,100
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	198,043.	163,546.	16,386.	18,111
7	Other salaries and wages	190,043.	105,540.	10,300.	10,111
8	Pension plan accruals and contributions (include	7 1/0	6,033.	530.	577
~	section 401(k) and 403(b) employer contributions)	7,140. 11,271.	8,949.	1,092.	577
9	Other employee benefits	20,882.	13,614.	3,416.	3,852
10	Payroll taxes	20,002.	13,014.	5,410.	5,052
11	Fees for services (nonemployees):				
	Management				
		10,980.		10,980.	
	Accounting	10,900.		10,900.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	7 500		7,500.	
40		7,500. 55.		7,5001	55.
12	Advertising and promotion	12,646.	7,461.	3,541.	1,644
13	Office expenses	4,121.	2,431.	1,154.	536
14 45	Information technology	+,121•	2,431.	1,1540	5500
15	Royalties	35,678.	21,050.	9,990.	4,638.
16 17		2,194.	897.	299.	998
17	Travel	2,194.	057.	277.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	7,156.	3,578.	1,431.	2,147.
22		8,565.	4,677.	3,064.	824
23 24	Insurance Other expenses. Itemize expenses not covered	.,	_, •, •	-,	011
27	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	4,218.	366.	731.	3,121
b	TRAINING	2,332.	954.	318.	1,060.
c	TAXES & LICENCES	384.		384.	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	678,660.	510,997.	92,710.	74,953
26	Joint costs. Complete this line only if the organization	-	-		~
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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10 2019.04030 AREA CONGREGATIONS TOGETHER 1135___1

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 Part X
 Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

AREA CONGREGATIONS TOGETHER IN SERVICE

45-3020788 Page 11

1

2

(B)

End of year

547,288.

(A)

Beginning of year

250,025.

Pledges and grants receivable, net 3 3 7,979. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 25,228. basis. Complete Part VI of Schedule D _____ 10a 21,481. 10,904. 3,747. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 2,973. 3,223. Other assets. See Part IV, line 11 15 15 263,902. 562,237 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 3,000. 0. 25 of Schedule D 0. 3,000. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 551,258. 263,902. Net assets without donor restrictions 27 27 7,979. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗎 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 263,902. 559,237. Total net assets or fund balances 32 32 263,902. 562,237. 33 33 Total liabilities and net assets/fund balances Form 990 (2019)

Form 990 (2019)

1

2

Assets

_iabilities

Net Assets or Fund Balances

Form	AREA CONGREGATIONS TOGETHER IN SERVICE	45-302	20788	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26.	3,9	02.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(5,8	56.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	559	9,2	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000 /	

Form **990** (2019)

932012 01-20-20

SCHEDULE D

Department of the Treasury Internal Revenue Service

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



Name of	of the	organization
---------	--------	--------------

AREA CONGREGATIONS TOGETHER IN SERVICE

Employer identification number 45-3020788

		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor	advised fur	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes 📃 No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other pur	pose confe	rring
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education) 🛛 Preservati	on of a histe	orically important land area
	Protection of natural habitat	Preservati	on of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the	form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
	Number of conservation easements modified, transferred, rele			
	year 🕨			
ŀ	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handlir	ng of	
	violations, and enforcement of the conservation easements it		•	Yes No
5	Staff and volunteer hours devoted to monitoring, inspecting, I			
	•	······································	,	
,	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing con	servation ea	asements during the year
	►\$	5 , 5		3
3	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	n 170(h)(4)(l	3)(i)
	and section 170(h)(4)(B)(ii)?			
)	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	•		
	organization's accounting for conservation easements.			
a	rt III Organizations Maintaining Collections of	Art, Historical Treasures,	or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
а	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue staten	nent and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan			·
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under FASB AS		anciai gain,	provide
~		-		▶ \$
	Revenue included on Form 990, Part VIII, line 1			
U.	Assets included in Form 990, Part X			
	For Danorwork Doduction Act Nation and the Instruction	for Form 000		Schodula D (Earm 000) 004
IA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 201
ΙA	For Paperwork Reduction Act Notice, see the Instructions 1 10-02-19			Schedule D (Form 990) 201
HA 3205	1 10-02-19	for Form 990. 26 4030 AREA CONGREGA	ᡗᡎ᠋ᠽᢕᠭᡇ	

_		NGREGATION						15-30			age 2
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 <u> </u>	Loan or exc	hange progr	ram					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how tl	hey further t	he organizat	tion's exe	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of								-		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amoun	i.	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								1		1
	Did the organization include an amount on F								Yes		J No ∖
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							<u></u>]
1 0		(a) Current year			(c) Two yea			oare back		Voare	back
10	Designing of year balance	(a) Current year	(0) -	Prior year		ats Dack	(a) Thee ye	Cais Dack	(e) i oui	yearsi	Jack
la k	Beginning of year balance										
U O	Contributions										
C d	Net investment earnings, gains, and losses										
	Grants or scholarships										
e	Other expenditures for facilities										
f	and programs Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the cur	rent vear end balan	l na (lina 1	a column ()) hold as:						
-	Board designated or quasi-endowment	rent year end balant	%	g, column (a							
h	Permanent endowment	%									
		%									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation th	at are held a	ind administ	ered for t	he organiz	ation			
	by:	sector of the organiz					ine engenni		Ī	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the								L1		
Par	t VI Land, Buildings, and Equipm	Y									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr	other	(b) Cost	or other (other)	(c) A	ccumulate preciation	d	(d) Boo	< value	3
	Land		,		. /						
	Buildings										
	Leasehold improvements										
	Equipment			2	5,228.		21,48	31.		3,74	47.
	Other				-	1				-	
	Add lines 1a through 1e. (Column (d) must e		X, colui	nn (B). line 1	10c.)					3,74	47.
		. ,			,						

Schedule D (Form 990) 2019

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	EGATIONS TOGET	HER IN SERVICE	45-3020788 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye			
(a) Description of security or category (including name of security	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye	s" on Form 990 Part IV line	11c See Form 990 Part X line 1	3
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	
(1)			,
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line a) Description	11d. See Form 990, Part X, line 13	b. (b) Book value
	aj Description		(b) BOOK value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		🕨
Part X Other Liabilities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	line 25.
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED REVENUE			3,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 25)		3,000.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019

45-3020788 Page 3

Schedule D (Form 990) 2019	AREA CONGREGATIONS	TOGETHER I	N SERVICE	45-30207	88 Page 4
Part XI Reconciliation of	Revenue per Audited Finance	cial Statements	With Revenue pe	er Return.	
Complete if the organiz	ation answered "Yes" on Form 990, F	Part IV, line 12a.			
1 Total revenue, gains, and othe	er support per audited financial staten	nents		1	
2 Amounts included on line 1 bu	It not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) o	on investments	24	a		
b Donated services and use of f	acilities	21			
c Recoveries of prior year grants	s	20			
			k		
e Add lines 2a through 2d				2e	
3 Subtract line 2e from line 1				3	
	0, Part VIII, line 12, but not on line 1:				
a Investment expenses not inclu	uded on Form 990, Part VIII, line 7b \cdot		1		
b Other (Describe in Part XIII.)		41			
c Add lines 4a and 4b				4c	
	4c. (This must equal Form 990, Part	, ,			
	Expenses per Audited Finan		With Expenses	per Return.	
*	ation answered "Yes" on Form 990, F				
	r audited financial statements			1	
	It not on Form 990, Part IX, line 25:	1	1		
a Donated services and use of f	acilities		1		
			-		
			-		
				3	
	0, Part IX, line 25, but not on line 1:	I	1		
	uded on Form 990, Part VIII, line 7b .				
		41			
	nd 4c. (This must equal Form 990, Par	t I, line 18.)		5	
Part XIII Supplemental Info	ormation.				

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.

Department of the Treasury Internal Revenue Service Attach to Form 990. Open to Inspect Name of the organization > Go to www.irs.gov/Form990 for the latest information. Inspect Name of the organization AREA CONGREGATIONS TOGETHER IN SERVICE Employer identification 45 - 30 2 Part I General Information on Grants and Assistance Inspect 1 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 criteria used to award the grants or assistance? Imployer identification 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Imployer identification	
AREA CONGREGATIONS TOGETHER IN SERVICE 45-302 Part I General Information on Grants and Assistance 1 1 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 criteria used to award the grants or assistance? X Yes	
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 criteria used to award the grants or assistance? X Yes	
criteria used to award the grants or assistance?	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	No No
Part II 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	
Part II 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.	
I (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of government	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	

Schedule I (Form 990) (2019) AREA CONGREGATIONS TOGETHER IN SERVICE

45-3020788

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENT, MORTGAGE, UTILITY, OR OTHER HOUSEHOLD				ESTIMATION/PURCHASE	
ASSISTANCE PAYMENTS	892	229,115.	14,807.	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.

PART I, LINE 2:

DIRECT BILL-BY-BILL PAYMENTS ON BEHALF OF NEEDY PERSONS REFERED BY ACTS'

SUPPORTING CONGREGATIONS AND FUNDING PARTNERS. ACTS KEEPS A COPY OF THE

RELATED BILL OR LEASE PAID.

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.



45-3020788

AREA CONGREGATIONS TOGETHER IN SERVICE

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

TO LIVE SUSTAINABLE, SELF-SUFFICIENT AND DIGNIFIED LIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THIS PAST FISCAL YEAR, ACTS PROVIDED \$157,795 IN RENTAL ASSISTANCE; \$41,129 IN ELECTRICAL ASSISTANCE; \$13,964 IN WATER ASSISTANCE; \$3,237 IN GAS ASSISTANCE; \$9,431 IN OTHER UTILITIES ASSISTANCE, AND \$1,088 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.

FC	ORM 9	990,	PART	ΓVI,	SEC	TION	ιв,	LINE	11B	8:							
A	COPY	Y OF	THE	FORM	990	IS	REVI	EIWED	BY	THE	EXECU	JTIVE	DIR	ECTOR	AND	TREASURE	R.
AI	TER	THEY	(API	PROVE,	, A	СОРУ	IS IS	PROV	IDED) TO	EACH	DIRE	CTOR	FOR	APPRO	DVAL.	

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

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Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number AREA CONGREGATIONS TOGETHER IN SERVICE 45-3020788
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.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CASH TO ACCRUAL ADJUSTMENT 6,856.
990, PART XII, LINE 1
THE ORGANIZATION HAS ELECTED TO CHANGE ITS BASIS OF ACCOUNTING TO
ACCRUAL DUE TO GRANT REQUIREMENTS.

932212 09-06-19