Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

Α	For th	e 2013 calendar year, or tax year beginning , 2013, and e	nding		, 20			
В	Check if applicable: C Name of organization Advent Christian General Conference of America, Inc.							
	Addres	s change Doing Business As	36-2298423					
	Name o		n/suite	E Telephone number				
	Initial re							
	Termina				704-545-6161	_		
\Box		ed return Charlotte, NC 28227		G Groon e	ancinta A			
П		tion pending F Name and address of principal officer:	I Was to Mission	G Gross re		_		
					subordinates? Yes No			
	Toy-ave	empt status:			s included? Yes No			
<u> </u>	Website							
K				exemption		_		
	art I	organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of fo	mation: 1958	M State	of legal domicile: NC	_		
•	1							
a	"	Briefly describe the organization's mission or most significant activities: Add						
Activities & Governance		services and resources that contribute to the health, growth and multiplication of	the Christian C	hurch and	l its leaders.			
Ë		Chool this hay N T if the approximation of the state of t						
o Ve	2	Check this box ▶☐ if the organization discontinued its operations or dispose			its net assets.			
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)	1 0 000 to 1			<u> 15</u>		
8	4	Number of independent voting members of the governing body (Part VI, line	lb) 를 보기되고	4	1	<u>15</u>		
ž	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	39.330 8	5		<u> 19</u>		
냚	6	Total number of volunteers (estimate if necessary)	88 18 18 NEWS	6		5		
⋖	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a		0		
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b		0		
	_	A . B . C .	Prior Ye	ar	Current Year	_		
Revenue	8	Contributions and grants (Part VIII, line 1h)		1798004	173125	<u>i2</u>		
	9	Program service revenue (Part VIII, line 2g)						
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		389696	43752	9		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	239664	26699	_			
_	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2460761	249517	0		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0		0		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0		0		
60	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		776199	82546	6		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0		ñ		
χ.	b	Total fundraising expenses (Part IX, column (D), line 25) ▶				Ť		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1587877	172151	2		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2364076	2546984	_		
		Revenue less expenses. Subtract line 18 from line 12		96685	-51814			
₽ %			Beginning of Cun		End of Year	-		
a sta	20	Total assets (Part X, line 16)		579893	10776293	-		
Age	21	Total liabilities (Part X, line 26)		737717	5914590	_		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		842176	4861703	_		
	rt II	Signature Block		042170	4001703	2		
Unc	er penalt	les of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the	hest of my	knowledge, and belief it is	_		
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepared	rer has any knowled	dge.	Milomeoge and benef, it is	>		
						-		
Sig	n	Signature of officer	Date		In.	-		
Her	е	Shill-		5/12	114			
		Type or print name and title Dawn C. Ruten, Treasurer				-		
Da'	٠.	100000	Date	-	, , PTIN	-		
Pai				Check self-emplo] (1			
	parer	1	1		160	-		
USE	Only	Firm's address >		EIN ►		-		
May	the IRS	3 discuss this return with the preparer shown above? (see instructions)	Phone	no.				
	5.00 H K	s discuss and rotatin with the property allower abover (see instructions)			· · Yes No			

Form	990	(2013)

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Pa	n	ρ	1

		-9- =
Part		
	Check if Schedule O contains a response or note to any line in this Part III	\checkmark
1	Briefly describe the organization's mission:	
	Advent Christian General Conference provides services and resources to enable the local church and mission outreaches	
	to present the message of meaning and life in the context of the Christian faith.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	nriay Farry 000 at 000 F70	
	If "Yes," describe these new services on Schedule O.	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•		VI
	If "Yes," describe these changes on Schedule O.	40
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	ا
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ı by
	the total expenses, and revenue, if any, for each program service reported.	ers,
4a	(Code:) (Expenses \$608779 including grants of \$) (Revenue \$)	—
	World Outreach Program - The Department of World Outreach represent the missionary effort of Advent Christian General	
	Conference, which includes evangelism, church planting, leadership development, Christian education, care for the disadvantaged	
	\$ 1. · · · · · · · · · · · · · · · · · ·	L
	numanitarian aid, and emergency relief responses.	
	977791110111111111111111111111111111111	
4b	(Code:) (Expenses \$ 240016 including grants of \$) (Revenue \$)	_
	Communications Program - Through the printed page and digital format the Department of Communication developes, produces,	
	and distributes all materials which convey our vision, purpose, and message.	

	4	
	\$1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	AL	
	(Code:) (Expenses \$ 265808 including grants of \$) (Revenue \$)	
	Nurture Program - The Department of Nurture addresses leadership development and enrichment in hosting conferences, workshop	S,
	and other training events. Mentoring ministries serve the potential leader. Specialized consultation contributing to church health	
	and growth is offered.	
	~	
	·	
	4	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	***************************************	
		_
	Other program services (Describe in Schedule O.)	
	(Expenses \$ 944421 including grants of \$ ) (Revenue \$ )	_
4e ·	Total program service expenses > 2059024	

D 11/	Ole a statistic	A District Control of the	
Part IV.	Cinecklist o	f Required Sch	DANINAE

			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_	+-	+
3	Bid the graphication and a displace of the displace of the graphical state of the graphication of the displace of the displace of the graphication	2	1	
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		1
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			
5		4	+	<b>-</b>
•	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,			1
	Part III	5	1	✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		+	_
_	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	.		
	"You " complete Schoolide D. Best I		1	١.
	"Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-	+	<del>  •</del>
-	complete Schedule D, Part III	Ι.	1	
_		8		<b>/</b> _
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			1
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		1	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1	1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3	<del> </del>	<del>  `</del> —
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	1	١.	i
		10	<b>√</b>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-17		17.
	VII, VIII, IX, or X as applicable.	-24		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? if "Yes,"		215-003	ľ
- 5	complete Schedule D, Part VI	١	,	
h		11a	✓	
U	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
ď		110		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	1		_
_		11d	<u> </u>	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	. ✓	
f	2			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	F		
	Schedule D, Parts XI and XII		1	
L-	Who about the bound of the second of the sec	12a	•	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	-
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	148	4	
U	fundraising business investment and program continues of expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		_ 1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			<del></del>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	- 1	/
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	-	<u> </u>
	assistance to or for foreign individuals # "You" assistance to or foreign indiv	1 1	- 1	_
47	assistance to 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		1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
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	أيرا	ļ	,
19		18		✓
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- [	
00	If "Yes," complete Schedule G, Part III	19		<b>√</b>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b>√</b>

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21		1
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 Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
_	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
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? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
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 so, complete Schedule L, Part II	26		<b>✓</b>
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? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  Schedule L, Part IV	28a 28b		<b>√</b>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>*</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		✓
32	Part I	31		<u>√</u>
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? If "Yes," complete Schedule R, Part I	32		<u>√</u> √
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		<u>*</u> ✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
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	35b		<u>✓</u>
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	- 1	✓

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 

38

Pari	t V Statements Regarding Other IRS Filings and Tax Compliance			- ago	
	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				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	16		30	
20	reportable gaming (gambling) winnings to prize winners?	1c	1		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	133			
h	Statements, filed for the calendar year ending with or within the year covered by this return	_	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1		
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			-	
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1	
4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	<u> </u>		
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?	١.	,		
b	If "Yes," enter the name of the foreign country: ▶ India, Philippines	4a	*		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		1	
C	If "Voo" to line to or the did the encompation file forms 2000 To	5b	$\vdash$	✓_	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		./	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	oa		<b>√</b>	
	gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	0.0			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		3		
	and services provided to the payor?	7a		1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1			
	required to file Form 8282?	7c	ľ	1	
d	If "Yes," indicate the number of Forms 8282 filed during the year	THE		XT	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>√</b>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		150		
	organization, have excess business holdings at any time during the year?	8			
	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?	9a			
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	_		
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders		3.7		
	amainat amanymin alva ay yaqabiya difusus Mayuri N				
	Continue 4047/sV41 man assessment also stated to the state of the stat	40-			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	le the annual extra the consideration. Description is a second of the constant	12-			
	Note. See the instructions for additional information the organization must report on Schedule O.	13a		—	
ь	Enter the amount of reserves the organization is required to maintain by the states in which	- 11-			
	the organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand				
	Did the executacity and its executacity and it	14a		_	
b I	A DATE OF THE STATE OF THE STAT	14h	-	_	

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	struc	* "No tions.
Sec	tion A. Governing Body and Management			=
18	Enter the number of voting members of the governing body at the end of the tax year   1a   1	_	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	5		
2 2	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	8b	✓	
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	odo )	<b>✓</b>
000.	on 2.1 Guesta (This accust a requests information about policies not required by the internal never	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		*
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		100	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓_	
. С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	1	
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	<b>∀</b>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a		✓_
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c	)(3)s	only)
19	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intefinancial statements available to the public during the tax year.	erest p	olicy,	and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Advent Christian General Conference, 14601 Albemarle Rd, Charlotte, NC 28227 704-545-6161	of the		

Par	t VIII	Statement of Rev	/enue			·		
		Check if Schedule	O contains a res	ponse or note to	any line in this	Part VIII		🖂
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigr	ns 1a				mitmate a	HERET EVE
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. ::: ::::::::::::::::::::::::::::::::					
	C	Fundraising events	. (0) (3) (10) 1C					
	d	Related organization	ns 1d					
	е	(						w Sreathau
	f	All other contributions,						LIGHT STATE
ig #		and similar amounts not it		1731252				E-MS - TO SE
d tr	g	Noncash contributions inclu		10390				
	h	Total. Add lines 1a-	<u>1f</u>	<u></u>	1731252			53111017121
Program Service Revenue				Business Code				
e ve	2a	Subscriptions			27778			
č	Ь	Leadership Conf regis	strations		31615			
<u>Ş</u> .	С							
S	d							
Ē	е							
īĝo.	T T	All other program ser						
	9	Total. Add lines 2a-2			59393			
	3	Investment income and other similar amo		· · · · · · · · · · · · · · · · · · ·				
			•		250045			
	4	Income from investmer	•	· · · -				
	5	Royalties	(i) Real	(ii) Personal				
	6a	Gross rents	(l) Float	(ii) i eraoriai				
	b	Less: rental expenses	-					110000
	C	Rental income or (loss)	-					CONTRACTOR OF THE PERSON OF TH
	d	Net rental income or				POWER PROPERTY.		HEREN COLUMN
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	• ••	assets other than inventory	1956413					MATERIAL PROPERTY.
	b	Less: cost or other basis	1300413					
		and sales expenses .	1768929					
	C	Gain or (loss)	187484					
	d	Net gain or (loss) .			187484			
		• ,			107101	MARKET SALES	E INTERNIE	
Other Revenue	8a	Gross income from fu events (not including \$	-					
er Re		of contributions reported See Part IV, line 18						
동	b	Less: direct expenses	s <b>b</b> [			S 17		
	C	Net income or (loss) fi		events . ►	-			
1	9a	Gross income from ga		1				1201156_7101
		See Part IV, line 19 .	- L			To Do no		
- 1	b	Less: direct expenses						
	C	Net income or (loss) fr		ities				
1	10a	Gross sales of in						
		returns and allowance		156133			i	
		Less: cost of goods so		94458				
-	C	Net income or (loss) fr			61675			
	4.4	Miscellaneous Re		Business Code				
	11a	Pension deposits			186588			
		Pension admin. fee			16000		_	
	c	All other revenue .						
- [	d e	Total. Add lines 11a-1		•	2733			
		Total revenue. See in			205321 2495170	-		
- 1					Z495 1 /III	i	1	

100000000000000000000000000000000000000	Page 1
Part IX  Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	

	Check if Schedule O contains a respons	e or note to any lin	e in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	110549		110549	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		_		
7 8	Other salaries and wages	714917	572843	142074	
9 10 11	Other employee benefits				
a b	Management	16000		16000	
d	Accounting	20800		20800	
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	21636		21636	
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	6440		6440	
13	Office expenses	28667 83162	22709 39111	42770	5958
14	Information technology	10715	1914	43776 806	275 7995
15	Royalties			300	/555
16	Occupancy AZA A A A A A A	97527	47072	50455	
17	Travel	102280	72850	28065	1365
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	45957	45957		
21	Payments to affiliates	374073	374073		<u>.</u>
22 23	Depreciation, depletion, and amortization . Insurance	22547	_	22547	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	9219		9219	184
_	(A) amount, list line 24e expenses on Schedule O.)  Pension distributions				
a b	Outreach program	570348	570348		
c		312147	312147		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2546984	2059024	472367	15593
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)				

Part X - Balance Sheet

_		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	159844	1	17165
	2	Savings and temporary cash investments .	676108	2	21871
	3	Pledges and grants receivable, net		3	(
	4	Accounts receivable, net	9052	4	5313
	5	Loans and other receivables from current and former officers, directors,			EJECTI EL
		trustees, key employees, and highest compensated employees.			1.5 S N = 111
		Complete Part II of Schedule L	0	5	0
60	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.	0	6	
Assets	7	Notes and loans receivable, net	0		0
AS	8	Inventories for sale or use	63983		62535
	9	Prepaid expenses and deferred charges	1729	1	2328
	10a	Land, buildings, and equipment: cost or		=0.0	2520
		other basis. Complete Part VI of Schedule D 10a 739312			
	b	Less: accumulated depreciation 10b 396938	324038	10c	342374
	11	Investments—publicly traded securities . An . A	8345139		9973375
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11.	0.	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11		15	. 0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9579893	16	10776293
	17	Accounts payable and accrued expenses .	50806	17	55870
	18	Grants payable	0	18	. 0
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	. 0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
ı	25	Other liabilities (including federal income tax, payables to related third		27	0
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5686911	25	5858720
- 1	26	Total liabilities. Add lines 17 through 25	5737717	26	5914590
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.	2,07,17	118	3314030
ᆲ	27	Unrestricted net assets	3051739	27	4010801
<u> </u>	28	Temporarily restricted net assets		28	282030
	29	Permanently restricted net assets	523778	29	568872
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
ssers	31	Paid-in or capital surplus, or land, building, or equipment fund		31	0
	32	Retained earnings, endowment, accumulated income, or other funds .		32	0
	33	Total net assets or fund balances	3842176	33	4861703
	34	Total liabilities and net assets/fund balances		34	10776293
					Form <b>990</b> (2013)

Form 9	agn i	/2013\

					age II		
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12) .	1		24	495170		
2	Total expenses (must equal Part IX, column (A), iine 25) . 2						
3	Revenue less expenses. Subtract line 2 from line 1						
4	The mass of the property of th						
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6			0		
7	Investment expenses	7	•				
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1	56367		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		48	61703		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990:  Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain in					
	Schedule O.						
2a	and independent accountant;		2a		1		
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	14_	=			
	reviewed on a separate basis, consolidated basis, or both:			32/4			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	1			
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis				7		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight	1 .				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts and selection of an independent accounts and selection of an independent accounts and selection of an independent		2c	1			
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in					
_	Schedule O.		1000	100	100		
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?		За		✓		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	rgo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.	3b				
			Form	990	(2013)		

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

	nt Christian Gene	for Bublic Ch	f America, Inc.				A = Al-!		36-2	2298423
	reasonization is as	t a private four	arity Status (All org	janizatio -	ns must	comple	te this p	art.) See	instruc	tions.
1 ne (	organization is no	or a private tour	dation because it is: (Firches, or association of	or lines of church	1 through	11, ched	k only or	ne box.)	Ve)	
2	A school des	scribed in sectio	on 170(b)(1)(A)(ii). (Atta	ach Sche	es descrit dula E \	oea in se	ction 17	(A)(1)(A)	)(1).	
3			ospital service organi			section	170/h)/1	Maviiii		
4	A medical re	search organiza	tion operated in conju	nction wi	th a hosp	ital desc	ribed in <b>s</b>	ection 1	70(b)(1)(/	A)(iii). Enter the
	hospital's na	me, city, and sta	ate:							
5	An organizat	tion operated fo (b)(1)(A)(iv). (Cor	r the benefit of a coll mplete Part II.)	ege or u	niversity o	owned o	r operate	d by a g	overnme	ntal unit described in
6 7	=									
8			in <b>section 170(b)(1)</b> (		omolete P	art II \				
			y receives: (1) more th				rom cont	ributione	mamha	rehin fees and aroun
	receipts from	n activities relate	ed to its exempt fund	ctions—sı	ubject to	certain e	exception	s, and (2	2) no mo	re than 331/3% of its
	support from	n gross investm	ent income and unroafter June 30, 1975. S	elated bu	usiness ta	axable in	icome (le	ess section	on 511 t	ax) from businesses
10			d operated exclusively							
11	☐ An organizati	ion organized an	and operated exclusively	y to test i velv for t	he benef	sarety. S	ee <b>sec</b> u	on 509(a)	)(4). :tions of	or to com th-
	purposes of	one or more pu	iblicly supported orga	ınizations	describe	d in sec	tion 509(	a)(1) or s	ection 5	09(a)(2). See section
	<b>509(a)(3).</b> Ch	eck the box that	describes the type of	supporti	ng organi	zation ar	nd compl	ete lines	11e throu	ugh 11h.
	_ a D Type I			II-Function	onally inte	grated	ď□	Type III-	Non-fund	tionally integrated
e	☐ By checking	this box, I certify	that the organization	is not co	ontrolled o	directly o	r indirect	ly by one	or more	disqualified persons
	other than to	undation manag	ers and other than or	ne or mor	e publicly	suppor	ted orgar	izations	describe	d in section 509(a)(1)
f			a written determinati	on from	the IDC	that it is	Tuna	LTuna	U To	ma (III
	organization,	check this box				mai ii is	a Type	i, Type	ii, or iy	pe III supporting
g	-	17, 2006, has	the organization acce			ontributio	on from a	any of the	e	
	(i) A person (iii) below,	who directly or the governing b	indirectly controls, eit ody of the supported	her alone organizat	or toget	her with	persons	describe	d in (ii) a	nd Yes No
			on described in (i) abo							11g(ii)
	(iii) A 35% co	ntrolled entity of	a person described in	n (i) or (ii)	above?.		8 28 48 57 1 m m m •	100 00 00		11g(iii)
h	Provide the fo	llowing informat	tion about the support	ed organ	ization(s).	90 30 0		2.5		
(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	the organicol. (i)	ou notify nization in of your port?	organizat (i) organi	is the tion in col. ized in the S.?	(vii) Amount of monetary support
			,	Yes	No	Yes	No	Yes	No	1
(A)										
(B)			,				-			
(C)										
(D)										
(E)										
Total	_									

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

**Employer identification number** 

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

	Christian General Con		пс.	36-2298423		
Organi	ization type (check o	ne):				
Filers	of:	Section:				
Form 9	90 or 990-EZ	✓ 501(c)( 3	) (enter number) organization			
		☐ 4947(a)(1) none	exempt charitable trust <b>not</b> treated as a private fou	endation		
		☐ 527 political or	ganization			
Form 9	90-PF	☐ 501(c)(3) exem	pt private foundation			
		☐ 4947(a)(1) none	exempt charitable trust treated as a private foundate	tion		
		☐ 501(c)(3) taxab	le private foundation			
instruct Genera	I Rule  For an organization property) from any c	filing Form 990, 990- one contributor. Com	EZ, or 990-PF that received, during the year, \$5,00 plete Parts I and II.	00 or more (in money or		
Special	Rules					
	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Adve	nt Christian General Conference of America, Inc.		36-2298423
.Pá	rt Organizations Maintaining Done	or Advised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization ansv	vered "Yes" to Form 990, Part IV, line 6	5
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subje-		
6	Did the organization inform all grantees, do	nors, and donor advisors in writing that gr	ant funds can be used
	only for charitable purposes and not for the		
		· <u>· · · · · · · · · · · · · · · · · · </u>	· · · · · · · · · · · · · · · · · · ·
Pa	t II Conservation Easements.		
	Complete if the organization answ	rered "Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held	by the organization (check all that apply).	
	Preservation of land for public use (e.g.,	recreation or education) 🔲 Preservation	
	Protection of natural habitat	☐ Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribut	
	easement on the last day of the tax year.		Held at the End of the Tax Year
<b>a</b>	Total number of conservation easements .		
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer		
ď	Number of conservation easements includ		
3	historic structure listed in the National Regist		- · 2d
3	Number of conservation easements modified tax year ▶	i, transferred, released, extinguished, or ter	minated by the organization during the
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written poli		spection, handling of
	violations, and enforcement of the conservat	ion easements it holds?	•
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	
	<b>&gt;</b>		,
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation eas	ements during the year
	<b>&gt;</b> \$	N 6/10 1	-
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements	
9	In Part XIII, describe how the organization rep		P and expense statement and
_	balance sheet, and include, if applicable, the	text of the footnote to the organization's fir	nancial statements that describes the
	organization's accounting for conservation ea		The state of the s
Part	III Organizations Maintaining Collection	ctions of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answer	ered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted und	er SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other s	imilar assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of	the footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted und	der SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other s public service, provide the following amounts	imilar assets held for public exhibition, ed	ducation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, I (ii) Assets included in Form 990, Part X	line 1	
	(ii) Assets included in Form 990. Part X		\$
2	If the organization received or held works of	of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be remarked us.	day OEAC 440 (AOO 050)laste . 4 - 41 - 12	
а	Revenues included in Form 990, Part VIII, line Assets included in Form 990, Part X	1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		• •

₄Pa	t III Organizations Maintaining	Collections of	Art, Historical	Treasures.	or Other Similar	r Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and of	ther records, che	ck any of the	following that are	a significant use of its
а	☐ Public exhibition		d □ Loar	n or exchange	Programs	
b	Scholarly research		e 🗆 Othe	er	o programo	
С	Preservation for future generation	s	0 🗀 0		*******************	
4	Provide a description of the organiza XIII.		and explain how	they further ti	he organization's e	exempt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta	donations of art, ined as part of th	historical tre ne organizatio	asures, or other s	imilar ·   Yes   No
Par	Escrow and Custodial Arra					· <u> </u>
	Complete if the organization 990, Part X, line 21.				-	
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	er intermediary f	or contribution	ons or other asset	s not
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following t	able:		
	-					Amount
C	Beginning balance				1c	
d	Additions during the year	· 9 9 9 706 F		8 - 8 2	1d	
е	Distributions during the year	0.00 00 00 000 00 .		8 14	1e	
f	Ending balance :	. 4 4 4 6 6 6 .	20 20 20 20	2 32 52 52	1f	
2a	Did the organization include an amou	nt on Form 990, Pa	ırt X, line 21? 🖫	2 B - 1 G		. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Check here	if the explanatio	n has been pi	rovided in Part XIII	🗆
Par	t V Endowment Funds.					
	Complete if the organization					
		(a) Current year	(b) Prior year	(c) Two years t	back (d) Three years	back (e) Four years back
1a		1857075	1707744	183	4565 712	2651 762312
b	Contributions	111354	156368	9	4937 1210	6103 94421
C	Net investment earnings, gains, and					
	losses	594444	135109	-8	0891 110	-34410
d	Grants or scholarships	2544	5543		3640	5938 3447
е	Other expenditures for facilities and					
	programs	219734	136603	133	7227 192	2416 104111
f	Administrative expenses	9038	0		0 12	2372 2114
g	End of year balance	2331557	1857075			1565 712651
2	Provide the estimated percentage of the		d balance (line 1g	, column (a)) l	neld as:	
а	Board designated or quasi-endowmen	nt ▶64	%			
b		24%				
C	Temporarily restricted endowment ▶	12%				
	The percentages in lines 2a, 2b, and 2					
3a	Are there endowment funds not in the	possession of the	organization tha	it are held an	d administered for	the
	organization by:					Yes No
	(i) unrelated organizations				*****	. 3a(i) ✓
	(ii) related organizations				*****	3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organiz	zations listed as red	quired on Schedu	ile R? 🛒 🛒	24114	3b
4	Describe in Part XIII the intended uses	of the organization	's endowment fu	ınds.		
Part					<u> </u>	
	Complete if the organization	answered "Yes"	to Form 990, Pa	art IV, line 11	1a. See Form 990	0, Part X, line 10.
	Description of property	(a) Cost or othe (investment	er basis (b) Cost or	other basis her)	(c) Accumulated depreciation	(d) Book value
1a	Land			216954	-	216954
b	Buildings			394744	294420	100324
	Leasehold improvements					100324
	Equipment			112614	88851	23763
	Other			15000	13667	1333
	Add lines 1a through 1e. (Column (d) mi	ust equal Form 990	), Part X. column	(B), line 10(c)	)	342374
	gr. i (a elemini (a) mi		, . a q oosumin	1-/1 10 10 10/0/-	<del>,</del>	3423/4

Part VII	Investments - Other Securitie				
	Complete if the organization an	swered "Yes" to For	m 990, Part IV, iin	e 11b. See Form	1 990, Part X, line 12.
	(a) Description of security or category (including name of security)	ory	(b) Book value		ethod of valuation: d-of-year market value
(1) Financial					
	eld equity interests ,				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E) (F)	***************************************				
(G)	***************************************				
(H)					
	) must equal Form 990, Part X, col. (B) line 12.)	·			
Part VIII	Investments—Program Relate				
T dit Viii	Complete if the organization and		m 990 Part IV Jin	e 11c. See Form	990 Part Y line 13
	(a) Description of investment	100 101 011	(b) Book value		thod of valuation:
	(-,,		(5) 5551 75155		l-of-year market value
(1)					
(2)					
(3)					
(4)			-		
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 13.)	·			
Part IX	Other Assets.	1 (() ( ) () ()			
	Complete if the organization ans		n 990, Part IV, line	11d. See Form	
443		(a) Description			(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·				
(2)					
(4)	<del></del>				
(5)					
(6)		<del></del>			
(7)			<del>.</del>		
(8)		·			
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, c	ol. (B) line 15.)			
	Other Liabilities.				
	Complete if the organization ans	wered "Yes" to Form	n 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal inc			0		
(2) Pass-thru		5	8824		
(3) Subscript		10	0669		
(m)	ested benefits	4518	8925		
	nnuity vested amounts	1270	0302		
(6)					
(7)					
(8)					
	must equal Form 990, Part X, col. (B) line 25.)				
	ncertain tax positions. In Part XIII, provi		3720	's financial statemen	ite that raparts the
organization's I	iability for uncertain tax positions under	FIN 48 (ASC 740). Chec	k here if the text of th	e footnote has been	no macreports the provided in Part XIII
	, , , , , , , , , , , , , , , , , , , ,	, := = : :=/: =:/00			France in Control

		Page 4
iPar		Return.
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements	1 2722070
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 3722878
а	Net unrealized gains on investments	
b	Donated services and use of facilities 2b	
C	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e 1227708
3	Subtract line 2e from line 1	3 2495170
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.)	
C	Add lines 4a and 4b	4c 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 2495170
Part		Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 2546984
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments 2b	The state of the s
C	Other losses	[2]
ď	Other (Describe in Part XIII.)	
e		2e 0
3	Subtract line 2e from line 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 2546984
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С 5	Total company Addition 6 - 14 GHz - 4 - 45 - 000 S -4 H - 46 -	4c <u>0</u>
Part 2		5 2546984
; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	rmation.
		***************************************

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

**∠**⊎ Open to Publi

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Advent Christian General Conference of America, Inc.	36-2298423
Part XI - Line 9 - (\$156,367) - Net transfers between funds of Pension Plan	
Part III - Line 4d - United Ministries Program \$374,073 - A portion of donations from churches are distri	buted to each of our five regional
offices for the purpose of outreach and church planting within their regions.	
Pension Program \$570,348 - We administer a Church Pension Plan for our member churches. Minist	ers may withdraw funds or
receive monthly annuity payments in accordance with IRS and Pension Plan guidelines.	
Part VI - Line 19 - Documents available via mail or email upon request.	
Part VI - Line 7a - Delegate body elects president, secretary and members-at-large. Regional representa	ntives are appointed by each
region and ratified by the Executive Council.	
Part VI - Line 7b - Delegate body must approve annual budget and changes in bylaws.	
Part VI - Line 12c - Conflict of interest policy is circulated to governing body and staff at February annual	al meeting and all are required to sign.
Part VI - Line 15a & b - Executive Council reviews contracts of all salaried employees annually and appr	roves annual salaries/wages budget.
Part X- Lines 27-29 - In 2012 form 990 filing, unrealized gain on investments tied to restricted and endow	vment funds was listed as
unrestricted net assets. In 2013 audit we opted to list all these gains as restricted although actual res	trictions vary by fund. (See also
changes in Schedule D Part V.)	
***************************************	155555
***************************************	
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#### SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

1990. Inspection

Employer identification number

Adv	ent Christian General Conferenc	e of America, I	nc.			36-2298423
Pa	Form 990, Part IV, line	e <mark>n on Activit</mark> e 14b.	ies Outside	the United States. Com	plete if the organizati	on answered "Yes" on
1	assistance, the grantees' e	e organization ligibility for th	maintain rec e grants or a	ords to substantiate the an ssistance, and the selectio	nount of its grants and	d other
	grants or assistance?					· · □Yes □No
2	For grantmakers. Describ assistance outside the Unit	e in Part V ted States.	the organizat	ion's procedures for mon	itoring the use of its	grants and other
3	Activities per Region. (The f	ollowing Part	l, line 3 table	can be duplicated if additio	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in ( a program service, describe specific type service(s) in region	expenditures for and investments
(1)	East Asia/Pacific	6	4	program services	orphanage/school/ch	urch 103973
(2)	East Asia/Pacific			program services	disaster relief	36402
(3)	South Asia	3	. 1	program services	orphanage/school/ch	urch 29880
(4)	Sub-Saharan Africa	8	1	program services	church/disaster relief	8598
(5)	North America	1	11	program services	churches	20536
(6)	Europe	1	11	program services	churches	24000
(7)						
(8)						
(9)			····			
10)			-		<u></u>	
11)						
12)						
13)						
14)						
15)						
16)						
17)						
	Sub-total	19	8			223389
C	Totals (add lines 3a and 3b)	19	8			223389

	_			
Schedule	F	(Form	9901	2013

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Photo:		- 41
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Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	<b></b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	✓ No