

AMENDED RETURN

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0887

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (AREA CONGREGATIONS TOGETHER IN SERVICE), address (1518 WILLOW LAWN DR, NO. 301), city (RICHMOND, VA 23230), and other identifying information.

Section H: Enter the number of the organization's unrelated trades or businesses. Description: EMPLOYEE PARKING BENEFITS.

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group? Answer: No.

Section J: The books are in care of THE CORPORATION. Telephone number: 804-644-2401.

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Total income reported as 0.

Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table for Part II: Deductions. Rows 14-32. Total deductions (line 29) reported as 0.

Vertical stamp: Received in Electronic Form 990-T on 11/15/2019

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Part IV Total Unrelated Business Taxable Income

Table with 3 columns: Description, Line Number, Amount. Includes lines 33-38 for Total Unrelated Business Taxable Income.

Part V Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes lines 39-44 for Tax Computation.

Part VI Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes lines 45a-55 for Tax and Payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions 56-58 regarding foreign accounts, distributions, and tax-exempt interest.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 11/10/20 Title: CEO

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed if PTIN. Includes firm name LANE & ASSOCIATES, P.C.

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 1

DESCRIPTION

AMOUNT

PAID WITH ORIGINAL RETURN

85.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G

85.