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Form 990

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.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ALAMANCE COUNTY HISTORICAL MUSEUM INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4777 S NC 62

City or town, state or province, country, and ZIP or foreign postal code
BURLINGTON, NC 27215

F Name and address of principal officer:
WILLIAM M VINCENT
4777 S NC 62
BURLINGTON, NC 27215

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

J Website: ▶ WWW.ALAMANCEMUSEUM.ORG

D Employer identification number
51-0163093

E Telephone number
(336) 226-8254

G Gross receipts \$ 189,414

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1976

M State of legal domicile: NC

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE MUSEUM IS ESTABLISHED TO PROMOTE AND MAINTAIN A HISTORICAL MUSEUM IN ALAMANCE COUNTY, NORTH CAROLINA. THE PURPOSE OF THE MUSEUM IS TO COLLECT, DISPLAY AND PRESERVE RECORDS, RELICS, AND OTHER OBJECTS WHICH CONTRIBUTE TO AN UNDERSTANDING OF AN APPRECIATION FOR THE HISTORICAL DEVELOPMENTS AND THE HERITAGE OF ALAMANCE COUNTY AND THE SURROUNDING AREA. ITS CURRENT PROGRAMS INCLUDE VISITOR AND GROUP TOURS AND TECHNICAL ASSISTANCE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶8,322

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

3 26

4 26

5 4

6 30

7a 0

7b 0

8 140,499 147,920

9 0 0

10 8,530 6,140

11 24,648 19,695

12 173,677 173,755

13 0 0

14 0 0

15 100,110 94,048

16a 0 0

17 58,347 66,340

18 158,457 160,388

19 15,220 13,367

20 1,012,898 1,041,563

21 1,870 19,242

22 1,011,028 1,022,321

Part II

Signature Block

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

Sign Here

Signature of officer

2021-02-02
Date

WILLIAM M VINCENT DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2021-02-02

Check ☐ if self-employed

PTIN P00024567

Firm's name ▶ GILLIAM BELL MOSER LLP

Firm's EIN ▶ 56-0587953

Firm's address ▶ PO DRAWER 2858
BURLINGTON, NC 272162858

Phone no. (336) 227-2022

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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