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Form

990Department 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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01/24/12, and ending 12/31/12**B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization**Eastern NC Christian Men's
Fellowship, Inc.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

193 Gibson Road

City, town or post office, state, and ZIP code

Hertford**NC 27944****D** Employer identification number**58-1448395****E** Telephone number**252-264-5484****G** Gross receipts \$**318****F** Name and address of principal officer**Ira K Furrow****193 Gibson Road****Hertford****NC 27944****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number**I** Tax-exempt status☒ 501(c)(3)☐ 501(c)

() (insert no)

☐ 4947(a)(1) or☐ 527**J** Website: **N/A****K** Form of organization☒ Corporation☐ Trust☐ Association☐ Other**L** Year of formation **1981****M** State of legal domicile **NC****Part I Summary****1** Briefly describe the organization's mission or most significant activities**See Schedule O****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 2012 (Part V, line 2a)**6** Total number of volunteers (estimate if necessary)**7a** Total unrelated business revenue from Part VIII, column (C), line 12**b** Net unrelated business taxable income from Form 990-T, line 34**PSC-CSCC DEPT****FEB 20 2016****106****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)**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)**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**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	0
4	0
5	0
6	0
7a	0
7b	0

8		292
9		0
10		26
11		0
12		318
13		7,000
14		0
15		0
16a		0
b	0	
17		1,068
18		8,068
19		-7,750
20		
21		
22		

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.

Signature of officer

Date

Ira K Furrow**Treasurer**

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN**R L Gregory****R L Gregory****11/21/13**

self-employed

P00224839

Firm's name

GREGORY & ASSOCIATES, CPAS, P.C.

Firm's EIN

Firm's address

1082 Harvey Point Rd**Hertford, NC 27944**

Phone no

252-426-9200

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ **X****1** Briefly describe the organization's mission.**See Schedule O****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 ☒ **X** No

If "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?☐ Yes ☒ **X** No

If "Yes," describe these changes on Schedule O

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 revenue, if any, for each program service reported

4a (Code) (Expenses \$ **7,213** including grants of \$ **7,000**) (Revenue \$)
Support the start up of other churches of christ

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **7,213**