			** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fror		OMB No. 1545-0047					
F au	_ 9 9	n	•		0000					
For		50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code							
		the Treasury	Do not enter social security numbers on this form as it ma Go to www.irs.gov/Form990 for instructions and the lat		Open to Public Inspection					
A For the 2022 calendar year, or tax year beginning MAY 1, 2022 and ending APR 30, 2023										
_	Check if		organization	D Employer identificat	ion number					
	pplicable	:		,,						
	Address	ALLI	ANCE OF CONFESSING EVANGELICALS, INC							
	Name change	Doing b	usiness as	23-1352120						
	Initial	Number	and street (or P.O. box if mail is not delivered to street address) Room	/suite E Telephone number						
	Final return/		C EDEN ROAD	215-546-36						
	ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,326,135.					
	Amende	LANC	ASTER, PA 17601	H(a) Is this a group retur						
	Applica tion pending		nd address of principal officer: ROBERT BRADY	for subordinates?	Yes X No					
		SAME	AS C ABOVE	H(b) Are all subordinates includ						
		mpt status:		527 If "No," attach a list						
	Nebsite			H(c) Group exemption n						
		organization: <u></u> Summary	X Corporation Trust Association Other L	Year of formation: 1949 M S	tate of legal domicile: PA					
ГС			λτττλησι							
e	1 E τ		e the organization's mission or most significant activities: <u>ALLIANC</u> ICALS INC. IS A COALITION OF BELIEVER		16					
Jano	2	Check this bo								
Governance	3				. 9					
ĝ	3 F									
	1		of individuals employed in calendar year 2022 (Part V, line 2a)		<u>8</u> 10					
ities			of volunteers (estimate if necessary)		25					
Activities &			business revenue from Part VIII, column (C), line 12		0.					
Ă			business taxable income from Form 990-T, Part I, line 11		0.					
				Prior Year	Current Year					
đ	8 0	Contributions	and grants (Part VIII, line 1h)	1,378,916.	1,169,398.					
Revenue	9 F	Program servi	ce revenue (Part VIII, line 2g)	61,294.	69,055.					
eve	10 li	nvestment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	14,062.	21,283.					
£	11 (Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		44,829.					
	12 T	Fotal revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,495,301.	1,304,565.					
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
			o or for members (Part IX, column (A), line 4)	0.	0.					
es	15 5		compensation, employee benefits (Part IX, column (A), lines 5-10)	350,902.	406,839.					
sue	16 a F		Indraising fees (Part IX, column (A), line 11e)	0.	0.					
Expenses	b T		ng expenses (Part IX, column (D), line 25) 58,501.		940 046					
	" (es (Part IX, column (A), lines 11a-11d, 11f-24e)	774,553. 1,125,455.	840,046. 1,246,885.					
		-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	369,846.	57,680.					
<u> </u>		revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year					
tt Assets or Id Balances	20 T	Fotal assots /F	art X, line 16)	1,327,307.	1,390,009.					
Asse Bali	20 21 1			98,766.	118,331.					
Net /	22		(Part X, line 26) Jund balances. Subtract line 21 from line 20	1,228,541.	1,271,678.					
	art II	Signature			_,,					
		ties of perjury,	declare that I have examined this return, including accompanying schedules and st	tatements, and to the best of my kn	owledge and belief, it is					
			Declaration of preparer (other than officer) is based on all information of which pre	-	-					

Sign	Signature of officer	Date									
Here	ROBERT BRADY, EXECUTIVE D	IRECTOR									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check X PTIN								
Paid	GARY J. DUBAS	GARY J. DUBAS	08/22/23 self-employed P00252339								
Preparer	Firm's name MCKONLY & ASBURY,	LLP	Firm's EIN 23-1909723								
Use Only	Firm's address 415 FALLOWFIELD R	OAD									
	CAMP HILL, PA 170	11	Phone no. 717 - 761 - 7910								
May the I	May the IRS discuss this return with the preparer shown above? See instructions										
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

Т

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) ALLIANCE OF CONFESSING EVANGELICALS, INC 23-1352120 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ALLIANCE OF CONFESSING EVANGELICALS, INC. IS A COALITION OF PASTORS,
	SCHOLARS AND CHURCHMEN WHO HOLD THE HISTORIC CREEDS AND CONFESSIONS OF
	THE REFORMED FAITH AND WHO PROCLAIM BIBLICAL DOCTRINE IN ORDER TO
	FOSTER A REFORMED AWAKENING IN TODAY'S CHURCH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$ 591,324. including grants of \$) (Revenue \$)
	ALLIANCE BROADCASTING IS THE BEST MEANS TO ACQUAINT A WIDE AND VARIED AUDIENCE WITH OUR MESSAGE AND GOALS. BROADCASTING ALSO IS THE PRIMARY
	MEANS IN WHICH THE ALLIANCE DELIVERS THE GOSPEL MESSAGE OF JESUS CHRIST TO ALL WITHIN HEARING RANGE. BROADCASTS INCLUDE: THE BIBLE STUDY HOUR;
	EVERY LAST WORD; AND DR. BARNHOUSE & THE BIBLE. PODCASTS ARE ALSO PART
	OF THE ALLIANCE'S BROADCASTING AND INCLUDE: MORTIFICATION OF SPIN; AND
	THEOLOGY ON THE GO. THE BROADCASTS CAN BE HEARD THROUGHOUT NORTH
	AMERICA BY RADIO AND BOTH THE BROADCASTS AND PODCASTS WORLDWIDE ONLINE.
4b	(Code:) (Expenses \$ 107,329. including grants of \$) (Revenue \$ 69,055.)
	ALLIANCE EVENTS PROVIDE A PERSON-TO-PERSON CONTACT. THE PHILADELPHIA
	CONFERENCE ON REFORMED THEOLOGY HELD IN MULTIPLE LOCATIONS ACROSS NORTH
	AMERICA WITH WORSHIP AND AN EXPOSITORY APPROACH TO BIBLICAL DOCTRINE.
	REGIONAL EVENTS INVOLVE PARTNERSHIPS WITH CHURCHES, GROUPS AND
	MINISTRIES ACROSS NORTH AMERICA. REFORMATION SOCIETIES ARE THE MEETING
	PLACES TO ENCOURAGE, EMBOLDEN, AND EQUIP BELIEVERS, PASTORS, AND CHURCH
	LEADERS FOR THE PRACTICAL IMPLEMENTATION OF BIBLICAL PRINCIPLES.
	(Code:) (Expenses \$ 89,442. including grants of \$) (Revenue \$ 37,668.)
4c	(Code:) (Expenses \$ 89,442. including grants of \$) (Revenue \$ 37,668.) ALLIANCE PUBLISHING OFFERS THE WRITTEN WORD IN ORDER TO ALLOW PEOPLE TO
	STOP AND THINK ABOUT WHAT THEY ARE CONSIDERING. ALLIANCE ONLINE
	INCLUDES REFORMATION 21, PLACE FOR TRUTH AND METHOD FOR PRAYER.
	ALLIANCE BOOKLETS ARE SHORT BOOKLETS THAT PROVIDE ACCESS TO
	OUTSTANDING PRESENTATIONS OF DOCTRINE. THE ALLIANCE ALSO PUBLISHES
	BOOKS DIRECTLY IN PARTNERSHIP WITH OTHERS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 319,675. including grants of \$) (Revenue \$)
4e	Total program service expenses 1,107,770.
	Form 990 (2022)

Form 990 (2022)			EVANGELICALS,	INC	23-1352120	Page 3
Part IV Checklist of R	equired Schedu	les				

_			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		х
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	4		х
5	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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 "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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, VII, 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
L	Schedule D, Parts XI and XII	12a	~	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1-ra		_ <u></u>
~	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		х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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? If "Yes," complete Schedule G, Part I. See instructions	17		X
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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	Х

 Form 990 (2022)
 ALLIANCE OF CONFESSING EVANGELICALS, INC

 Part IV
 Checklist of Required Schedules (continued)
 23-1352120 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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		X
b	5 71 1 7 1 71 1	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			- v
	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? If "Yes," complete	0.51		
~~	Schedule L, Part 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	07		x
~~	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	000		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	200		- 23
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30	-	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requirate, enhance, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		- 23
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
2	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Ра	Statements Regarding Other IRS Filings and Tax Compliance (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 returns?	2b	X	
3a		3a		X
b		3b		
4a	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)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
a h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
U	to file Form 8282?	7c		x
d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	v	<u>13a</u>		
Ь	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с				
14a		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	If "Yes," complete Form 4720, Schedule O.	_		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

ALLIANCE OF CONFESSING EVANGELICALS, INC

Form 990 (2022)

Page 5

23-1352120

Form	990	(2022))

ALLIANCE OF CONFESSING EVANGELICALS, INC

23-1352120 Page 6

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	 X
Section A. Governing Body and Management	

000	tion A. devenning bedy and management								
		1.	9		Yes	No			
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	9	-					
	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 O.		0						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		-					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	any other			v			
-	officer, director, trustee, or key employee?			2		<u> </u>			
3									
	of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X X			
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X			
	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					х			
	more members of the governing body?			7a					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					v			
•	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			0.	v				
a L	The governing body?			8a 01-	X X	<u> </u>			
b	Each committee with authority to act on behalf of the governing body?			8b	~				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					х			
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		_ A			
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Vee	Na			
100	Did the examination have lead chapters, branches, or effiliates?			10a	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?			10a					
D				10b					
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing bod		e filing the form?	11a	х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y Deloi		11a	- 23				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			120					
U	on Schedule O how this was done	,		12c	х				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	х				
	Other officers or key employees of the organization			15b	X	<u> </u>			
2	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	nent w	ith a						
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	-T (section 501(c)(3)	only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.			.,					
	Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			l financ	cial				
	statements available to the public during the tax year.	-	, ,,						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	l records						
	ROBERT BRADY - 215-546-3696								

600 C EDEN ROAD, LANCASTER, PA 17601

Form 990 (20	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
I	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
•	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(C)						(D)	(E)	(F)
Name and title	Average	Position					Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an			s both	n an	compensation	compensation	amount of
	week	-	ficer and a director/trustee)			r/trus [.] I	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		æ	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(ey em	Highest compensated employee	Former			organizations
(1) ROBERT E. BRADY	50.00	-	-		-	<u> </u>				
EXECUTIVE DIRECTOR		1		x				9 #4###9#9#9### #	0.	0.
(2) REV. RICHARD PHILLIPS	6.00									
DIRECTOR		Х						7,609.	0.	0.
(3) JONATHAN MASTER	7.00									
DIRECTOR		Х						7,200.	0.	0.
(4) JEFFREY STIVASON	8.00									
VICE CHAIRMAN		Х		X				6,000.	0.	0.
(5) JAMES BRUCE	2.00			37					0	
CHAIRMAN	1 00	Х		X		-		0.	0.	0.
(6) JAY G. VOLK SECRETARY	1.00	x		x				0.	0.	0
(7) MICHAEL CUZZOLINA	4.00	^	-			-		0.	0.	0.
TREASURER	4.00	x		x				0.	0.	0.
(8) L. EDGAR BARNHILL	2.00	Δ							0.	<u></u>
DIRECTOR	2.00	х						0.	0.	0.
(9) ROBERT DOLL	1.00									
DIRECTOR		x						0.	0.	0.
		1								
		1								
										·
		1								
	1	1	I	L		L	L	1		1

_ _ . . .

	- 3 /11								ELICALS, INC		521	L20	P	age 8
Par	t VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		· · /	— T			
	(A) Name and title	(B) Average hours per week	box,	not c unles	ss per	ition more rson i:	l than c s both r/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	com fro orga and	pensa om th anizat d relat inizati	e ion ed
											-			
											-+			
											\dashv			
44	Culture								<u>1,,1,5,,,,%,9,8,,,</u>		0.			0.
с	Subtotal Total from continuation sheets to Part VII	, Section A							<u></u>		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization									000 of reportable				0
	compensation nom the organization												Yes	No
3	Did the organization list any former officer,	-		-	•	•		Ŭ	• •					77
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3		X
7	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i>	ccrue compen	Isatio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ensat			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C omper		n
2	Total number of independent contractors (in	ncluding but p	nt lin	niter	t ot	thos	e lie	ted	above) who received m	ore than				
-	\$100.000 of compensation from the organiz	0				03 C								

					FC	ONFESSING	G EVANGELIC	CALS, INC	23-1352	120 Page 9
Pa	rt VII	I Statement of Re	even	lue						
		Check if Schedule O	cont	ains a resp	onse	or note to any line	e 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
ស ស	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b			1b						
, D D D D	с									
ar A	d									
s, s	е	Government grants (cont	ributi	ions) 1e						
rion	f	All other contributions, gifts,	, gran	ts, and						
ibut		similar amounts not include	d abov			169,398.				
dut	g	Noncash contributions included in	n lines	1a-1f 1g	\$					
<u>ų č</u>	h	Total. Add lines 1a-1f					1,169,398.			
				па		Business Code				
ice	2 a					900099	69,055.	69,055.		
er v	b									
ven S ven	c									
Program Service Revenue	a	d								
Pro	f		rovo	nue						
_	g						69,055.			
	3	Investment income (inclu								
							21,283.			21,283.
	4	Income from investment				ſ				
	5	Royalties	<u></u>				7,161.			7,161.
				(i) Re	al	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С		6c							
	d			(1) 0		(ii) Others				
	7 a	Gross amount from sales of		(i) Secu	rities	(ii) Other				
		assets other than inventory	7a							
đ	a	Less: cost or other basis	76							
evenue		and sales expenses Gain or (loss)								
leve		Net gain or (loss)								
Other R		Gross income from fundrais			·····					
Ę	0 4	including \$	•	•						
-		contributions reported or								
		Part IV, line 18			8a					
	b									
	с									
	9 a	Gross income from gamin								
		Part IV, line 19								
		Less: direct expenses								
		Net income or (loss) from			es					
	10 a	Gross sales of inventory,				50 220				
		and allowances				59,238. 21,570.				
		 Less: cost of goods sold Net income or (loss) from 			· · · · · · · · · · · · · · · · · · ·	-	37,668.	37,668.		
	C		Sale	S OF INVENT	ory	Business Code	57,000.	57,000.		
sni	11 a									
nea	b									
Miscellaneous Revenue	c									
liso	d	All other revenue								
2	е	Total. Add lines 11a-11d								
	12 Total revenue. See instructions					1,304,565.	106,723.	0.	28,444.	

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	e or note to any line in t (A) Total expenses	his Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 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, trustees, and key employees	115,808.	99,111.	4,151.	12,540
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	Other salaries and wages	258,669.	221,373.	9,272.	28,024
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	3,685.	3,685.		
9	Other employee benefits	28,677.	24,565.	1,027.	3,08
0 1	Payroll taxes	20,077.	24,303.	1,027.	5,00
1	Fees for services (nonemployees):				
a	Management				
b		27,876.		27,876.	
	2 F	27,070•		27,070•	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e 4					
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	137,036.	137,036.		
2	Advertising and promotion	102,695.	82,674.	20,021.	
2 3		16,761.	15,673.	1,088.	
3 4	Office expenses Information technology	27,630.	27,630.	1,000.	
_		27,050.	27,030.		
5 6	Royalties	18,546.	18,024.	522.	
6 7		31,140.	31,140.	522•	
	Travel Payments of travel or entertainment expenses	51,140.	JI, 140•		
8	,				
~	for any federal, state, or local public officials Conferences, conventions, and meetings				
9	··· ·				
0	Interest				
1	Payments to affiliates Depreciation, depletion, and amortization	26,190.	26,190.		
2 3	. Г	6,251.	20,100	6,251.	
4	Other expenses. Itemize expenses not covered 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.)	0,2011		0,2310	
а	BROADCAST TIME	407,115.	407,115.		
	BANK AND CREDIT CARD FE	14,845.	,	14.	14,833
	BOARD EXPENSE	12,780.	4,661.	8,119.	, - •
	MISCELLANEOUS	11,181.	8,893.	2,273.	1!
	All other expenses	,	.,		
5	Total functional expenses. Add lines 1 through 24e	1,246,885.	1,107,770.	80,614.	58,50
6	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)				
					000

ALLIANCE	OF	CONFESSING	EVANGELICALS,	INC	23-

Balance oncer			
Check if Schedule O contains a response or note to any line in this Part X			
	(A) Beginning of year		(B) End of year
Cash - non-interest-bearing	551,709.	1	636,175.
Savings and temporary cash investments		2	
Pledges and grants receivable, net		3	
Accounts receivable, net	51,354.	4	50,046.
Loans and other receivables from 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		5	

		trustee, key employee, creator or founder, substantial con	tributor, or 35%							
		controlled entity or family member of any of these persons			5					
	6	Loans and other receivables from other disqualified person								
		under section 4958(f)(1)), and persons described in sectior	n 4958(c)(3)(B)		6					
Ś	7	Notes and loans receivable, net			7					
Assets	8	Inventories for sale or use		11,255.	8	13,010.				
As	9			10,297.	9	7,947.				
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D 10a	<u>445,434.</u> 158,544.							
	b	Less: accumulated depreciation 10b	158,544.	313,080.	10c	286,890.				
	11	Investments - publicly traded securities		385,293.	11	391,622.				
	12	Investments - other securities. See Part IV, line 11			12					
	13	Investments - program-related. See Part IV, line 11			13					
	14	Intangible assets			14					
	15	Other assets. See Part IV, line 11		4,319.	15	4,319.				
	16	Total assets. Add lines 1 through 15 (must equal line 33)		1,327,307.	16	1,390,009.				
	17	Accounts payable and accrued expenses		65,977.	17	98,449.				
	18	Grants payable			18					
	19	Deferred revenue		19						
	20	Tax-exempt bond liabilities		20						
	21	Escrow or custodial account liability. Complete Part IV of S			21					
Ś	22	Loans and other payables to any current or former officer,	director,							
litie		trustee, key employee, creator or founder, substantial con	tributor, or 35%							
Liabilities		controlled entity or family member of any of these persons			22					
1	23	Secured mortgages and notes payable to unrelated third p	oarties		23					
	24	Unsecured notes and loans payable to unrelated third part	ies	1,000.	24	1,000.				
	25	Other liabilities (including federal income tax, payables to i	elated third							
		parties, and other liabilities not included on lines 17-24). C	omplete Part X							
		of Schedule D		31,789.	25	<u>18,882.</u> 118,331.				
	26	Total liabilities. Add lines 17 through 25		98,766.	26	118,331.				
		Organizations that follow FASB ASC 958, check here	X							
ces		and complete lines 27, 28, 32, and 33.								
lan	27	Net assets without donor restrictions		1,227,541.	27	1,270,678.				
Ва	28	Net assets with donor restrictions		1,000.	28	1,000.				
pur		Organizations that do not follow FASB ASC 958, check								
Γu		and complete lines 29 through 33.								
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29					
set	30	Paid-in or capital surplus, or land, building, or equipment f	und		30					
As	31	Retained earnings, endowment, accumulated income, or o	other funds		31					
Net	32	Total net assets or fund balances		1,228,541.	32	1,271,678.				
	33	Total liabilities and net assets/fund balances		1,327,307.	33	1,390,009. Form 990 (2022)				

23-1352120 Page **11**

Form **990** (2022)

Form	ALLIANCE OF CONFESSING EVANGELICALS, INC	23-13	52120	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		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,304		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,246		
3	Revenue less expenses. Subtract line 2 from line 1	3			80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,228		
5	Net unrealized gains (losses) on investments	5	-14	<u>1,54</u>	<u>43.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,271	.,6'	78.
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 on Schedule	Ο.			
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	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	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. <u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L

Form 990 (2022)

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			Public Cha omplete if the organ 494 At Go to www.irs.gov/	OMB No. 1545-0047					
Name of t	the organizati						TNO		identification number
Part I	Reason			NFESSING EVAN (All organizations must c			INC ee instruction		3-1352120
				For lines 1 through 12, cl				13.	
1 2 3 4	A church, co A school des A hospital or	nvention of ch cribed in sect i a cooperative search organiz	urches, or associatio i on 170(b)(1)(A)(ii). (hospital service orga	on of churches described Attach Schedule E (Form anization described in se njunction with a hospital	in sectio n 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	i).	.)(iii). Enter	the hospital's name,
5	An organizati	on operated fo	or the benefit of a col Complete Part II.)	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X			•	ntial part of its support fr			.,	ne general j	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	0		·	in section 170(b)(1)(A) (i ulture (see instructions).	· ·			-	
10	An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
11 🗔	income and u See section	unrelated busir 509(a)(2). (Cor	ness taxable income mplete Part III.)	t to certain exceptions; a (less section 511 tax) fro vely to test for public sat	m busines	ses acqui	red by the org		
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box on
	_lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
a	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		0	., .	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
			complete Part IV, Se						
b 🗌			-	or controlled in connect			-		-
		•		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
	-		t complete Part IV,						al
с		-		g organization operated). You must complete I				ny megrate	a with,
d	-			oorting organization oper				rted organia	zation(s)
u		-		ation generally must sat				-	
				nplete Part IV, Sections					
e	Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f Ente	er the number	of supported o	organizations						
	vide the follow i) Name of supp	0	about the supporte	<u> </u>	(iv) Is the orga	inization listed	(v) Amount o	fmonoton	(vi) Amount of other
,	organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	support (see ii		(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No			
Total									

Schedule A (Form 990) 2022 ALLIANCE OF CONFESSING EVANGELICALS, INC 23-1352120 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1037898.	1035940.	1215453.	1378916.	1169398.	5837605.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	1037898.	1035940.	1215453.	1378916.	1169398.	5837605.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						47,526.			
6	Public support. Subtract line 5 from line 4.						5790079.			
	tion B. Total Support				•					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	1037898.	1035940.	1215453.	1378916.	1169398.	5837605.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	15,059.	24,745.	19,159.	14,062.	28,444.	101,469.			
9	Net income from unrelated business				,					
Ū	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						5939074.			
	Gross receipts from related activities,	oto (soo instructio	ne)			12	507,910.			
	First 5 years. If the Form 990 is for th			outh or fifth tax y			507,510.			
10	organization, check this box and stop	-								
Sec	tion C. Computation of Publi									
	Public support percentage for 2022 (I			olumn (f))		14	97.49 %			
	Public support percentage from 2021		-			15	97.43 %			
	33 1/3% support test - 2022. If the c					· · · ·				
100	stop here. The organization qualifies	-								
b	33 1/3% support test - 2021. If the o									
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test		•							
a	and if the organization meets the facts	•								
	meets the facts-and-circumstances te			-	-	-				
h	10% -facts-and-circumstances test	-		• • • •		7a and line 15 is 1				
U	more, and if the organization meets th	•					070 01			
	organization meets the facts-and-circu									
10										
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 ALLIANCE OF CONFESSING EVANGELICALS, INC 23-1352120 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	A. Public Support						
Calendar yea	ar (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, g	grants, contributions, and						
memb	ership fees received. (Do not						
include	e any "unusual grants.")						
mercha formed any ac	receipts from admissions, andise sold or services per- d, or facilities furnished in tivity that is related to the zation's tax-exempt purpose						
3 Gross	receipts from activities that t an unrelated trade or bus-						
iness u	under section 513						
	venues levied for the organ- 's benefit and either paid to						
or exp	ended on its behalf						
furnish	lue of services or facilities and by a governmental unit to ganization without charge						
	Add lines 1 through 5						
	nts included on lines 1, 2, and						
	ived from disqualified persons						
b Amounts from othe exceed th	included on lines 2 and 3 received re than disqualified persons that he greater of \$5,000 or 1% of the on line 13 for the year						
	nes 7a and 7b						
	support. (Subtract line 7c from line 6.)						
	B. Total Support				•	•	L
Calendar yea	ar (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	nts from line 6						
10a Gross divider securit	income from interest, nds, payments received on ties loans, rents, royalties, come from similar sources						
(less se	ed business taxable income ection 511 taxes) from businesses d after June 30, 1975						
c Add lir	nes 10a and 10b						
11 Net inc activiti whethe	come from unrelated business es not included on line 10b, er or not the business is rly carried on						
or loss assets	income. Do not include gain from the sale of capital (Explain in Part VI.)						
	upport. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
	years. If the Form 990 is for th	e organization's fir	st, second, third, f	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
	C. Computation of Publi		¥				
	support percentage for 2022 (I	, (,,	,	olumn (f))		15	%
	support percentage from 2021		1			16	%
Section I	D. Computation of Inves	tment Income	Percentage				
17 Investr	ment income percentage for 20)22 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	%
18 Investr	ment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3	% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and li	ne 17 is not
more t	han 33 1/3%, check this box ar % support tests - 2021. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
	is not more than 33 1/3%, che	-					
	e foundation. If the organizatio						

Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes

1

2

3a

3b

3c

4a

4b

No

ALLIANCE OF CONFESSING EVANGELICALS, INC 23-1352120 Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	

Section C. T	pe II Supporting	Organizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s).

Section D). All Type II	I Supporting	Organizations	

	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a

2b

3a

V. N

No

Yes

Sche	ALLIANCE OF CONFESSING	EVANGE	ELICALS, INC 2	3-1352120 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232027 12-09-22

			EVANGELICALS,		Page 7
Part V Type III Non-Functi	onally Integrated 5	i09(a)(3) Supportii	ng Organizations (co	ntinued)	

Fai	i v Type in Non-Functionally integrated 509	(a)(5) Supporting Orga	(continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

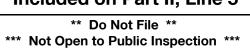
Schedule A	(Form 990) 2022 ALLIANCE OF CONFESSING EVANGELICALS, INC 23-1352120 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

Total Excess Contributions to Schedule A, Part II, Line 5 223171 04-01-22

Contributor's Name	Total Contributions	Excess Contributions
CLAPP, ESTATE OF WESLEY	166,307.	47,526.



23-1352120

47,526.

223451 11-15-22

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	ALLIANCE OF CONFESSING EVANGELICALS, INC	23-1352120
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the parts unless to the set of the set of the set of the parts unless to the set of the set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

223452 11-15-22

ALLIANCE OF CONFESSING EVANGELICALS, INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 46,750. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 2 X Person Payroll 70,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 27,500. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 25,750. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Page 2 Employer identification number

23-1352120

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
23453 11-15-22			Schedule B (Form 990) (2022

Name of organization

ALLIANCE OF CONFESSING EVANGELICALS, INC

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2022)

Part II

(a)

Employer identification number

23-1352120

Schedule	B (Form 990) (2022)			Page 4
Name of c	organization			Employer identification number
ALLIA	NCE OF CONFESSING EVANG	ELICALS, INC		23-1352120
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	ons to organizations described in s) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try. For organizations	hat total more than \$1,000 for the year
(-) N-	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	[
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	 ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee

(Form 9	90)
---------	-----

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.



	nent of the Treasury Revenue Service	Go to www.irs.gov/Form99	0 for instructions and th	e latest information.		Inspecti	ion
Name	e of the organizati	ion			Employe	r identificatio	n number
		ALLIANCE OF CONFES				3-13521	
Par		ations Maintaining Donor Advise		milar Funds or Ac	counts.	Complete if th	ne
	organizatio	on answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised	d funds	(b) Funds an	d other accou	ints
1		nd of year					
2	Aggregate value of	of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5	-	on inform all donors and donor advisors in v	-				
		on's property, subject to the organization's				Yes	No No
6		on inform all grantees, donors, and donor a					
		poses and not for the benefit of the donor o			0		
Par	impermissible priv				·····	Yes	No
		vation Easements. Complete if the org		" on Form 990, Part IV,	line /.		
1		servation easements held by the organization	· · · · ·	l			
		n of land for public use (for example, recrea	tion or education)	Preservation of a histo			1
		of natural habitat		Preservation of a certi	fied historic	structure	
•		n of open space					
2	day of the tax yea	through 2d if the organization held a qualif	ried conservation contribu	ition in the form of a co		asement on tr at the End of th	
-	5						
a h		onservation easements			2a 2b		
b	•	vation easements on a certified historic stru	ucture included in (a)		20 2c		
ט ה					20		
d		rvation easements included in (c) acquired a			04		
3		listed in the National Register			2d	a tho tax	
3		valion easements moumed, transiened, rei	eased, extinguished, or te	erminated by the organi		g the tax	
4	year	where property subject to conservation eas	sement is located				
5		ation have a written policy regarding the per		on handling of			
Ũ		forcement of the conservation easements it				Yes	No
6		er hours devoted to monitoring, inspecting,					
		5, 1 5,	5	5		5 ,	
7	Amount of expense	 ses incurred in monitoring, inspecting, hanc	lling of violations, and enf	orcing conservation ea	sements dur	ing the year	
			°	0		0	
8	Does each conser	rvation easement reported on line 2(d) abov	e satisfy the requirements	s of section 170(h)(4)(B)	(i)		
	and section 170(h	ı)(4)(B)(ii)?				Yes	🗌 No
9		be how the organization reports conservation					
	balance sheet, an	d include, if applicable, the text of the footr	note to the organization's	financial statements that	at describes	the	
	organization's acc	counting for conservation easements.				-	
Par		ations Maintaining Collections of		asures, or Other S	imilar As	sets.	
	Complete i	if the organization answered "Yes" on Form	990, Part IV, line 8.				
1 a	•	elected, as permitted under FASB ASC 95	•				
	of art, historical tr	easures, or other similar assets held for put	olic exhibition, education,	or research in furtherar	nce of public		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that desc	ribes these items.			
b	-	elected, as permitted under FASB ASC 95	· ·				
		sures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public se	ervice,	
	-	ing amounts relating to these items:					
	(i) Revenue inclu	Ided on Form 990, Part VIII, line 1			\$		
2	If the organization	received or held works of art, historical treat	asures, or other similar as	sets for financial gain, p	orovide		
	-	unts required to be reported under FASB A	-				
а	Revenue included	l on Form 990, Part VIII, line 1			\$		
b	Assets included in	n Form 990, Part X			\$		

Schedule D	(Earm 990)	2022
Schedule D	(FOITH 990)	2022

Sche Par		E OF CONFES						52120 (continu	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that ma	ıke signi	ificant u	ise of its		,
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt	purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other si	milar as	sets			
	to be sold to raise funds rather than to be ma							Yes	No
Par			ete if the organization	n answered "Yes	s" on Fo	rm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets	not incl	uded		_	
	on Form 990, Part X?						🗆	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
								Amount	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial account	liability?	,		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i		swered "Yes" on Fo	rm 990, Part IV,					
		(a) Current year	(b) Prior year	(c) Two years ba		Three y	ears back	(e) Four y	/ears back
1a	Beginning of year balance	1,000.	1,000.	1,0	00.		1,000.		1,000.
b	Contributions								
с	Net investment earnings, gains, and losses								2.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								2.
f	Administrative expenses								
	End of year balance	1,000.	1,000.	1,0	00.		1,000.		1,000.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment100	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administered f	for the				
	organization by:							ا	res No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?						
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	art X, line	e 10.			
	Description of property	(a) Cost or of basis (investm	• • •	or other (other)	(c) Accu depre	umulate ciation	d	(d) Book	value
1 a	Land	· · ·	'	6,000.				36	,000.
	Buildings			9,288.	10	2,29	96.		,992.
	Leasehold improvements					_,			,
	Equipment		8	0,146.	5	6,24	48.	23	,898.
	Other		Ŭ						,
	Add lines 1a through 1e. (Column (d) must e		X column (P) line 1					286	,890.
		gaari onni 330, Falli		<i>/////////////////////////////////////</i>				• •	

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022 ALLIANCE OF	CONFESSING E	EVANGELICALS, INC	23-1352120 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	Dtion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
.,	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(F) (G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13	3.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(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 "Yes"		e 11d. See Form 990, Part X, line 1	5.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Cali	ımn (b) must equal Form 990, Part X, col. (B) lin	o 15)		
Part X	Other Liabilities.	e 15.)		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,	line 25.
1.	(a) Description of liability			(b) Book value
	deral income taxes			
	TUARIAL LIABILITY FOR A	NNUITY		
	AYMENTS			3,881.
	BLIGATION UNDER CAPITAL	LEASES		15,001.
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	<u>ımn (b) must equal Form 990, Part X, col. (B) lin</u>	e 25.)		
2. Liability	/ for uncertain tax positions. In Part XIII, provide	e the text of the footnote t	o the organization's financial stater	ments 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

X

Sche	edule D (Form 990) 2022 ALLIANCE OF CONFESSING EVANGELICALS, IN	IC 23-1	1352120 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,290,022.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	543.	
b	Donated services and use of facilities 2b		
с			
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-14,543.
3	Subtract line 2e from line 1		1,304,565.
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.)		
с	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	1,304,565.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Returi	n.
Pa	Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s per Retur	n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Returi	n. 1,246,885.
	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s per Returi	n.
1	Image: Non-State State	s per Returi	n.
1 2	Image: Non-State and Use of Facilities Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a	s per Returi	n.
1 2 a	Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2a	s per Returi	n.
1 2 a	Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2a	s per Returi	n.
1 2 a	Image: Network State in Part XIII. Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses 2c 2d	s per Return	n. <u>1,246,885.</u> 0.
1 2 b c d	Image: Non-State and State in the organization of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	s per Return	n.
1 2 b c d e	Image: Network Statements Image: Network Statements Image: Network Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses 2c 2d	s per Return	n. <u>1,246,885.</u> 0.
1 2 b c d 3	Image: Non-State Price	s per Return	n. <u>1,246,885.</u> 0.
1 2 6 6 8 3 4	Image: Non-State in the state in the st	s per Return	n. <u>1,246,885.</u> 0.
1 2 6 6 8 3 4	Image: Non-State Price	2e 3	n. <u>1,246,885.</u> 0. <u>1,246,885.</u> 0.
1 2 d e 3 4 b c 5	Image: Non-State Procession of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	2e 3 4c	n. <u>1,246,885.</u> 0. <u>1,246,885.</u>

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.

PART V, LINE 4:

TO P!	ROMOTE	THE	LONG-	-TERM	FINANCIAL	AND	STRATEGIC	GOALS	OF	THE	ALLIANCE	OF
-------	--------	-----	-------	-------	-----------	-----	-----------	-------	----	-----	----------	----

CONFESSING EVANGELICALS.

PART X, LINE 2:

THE ALLIANCE HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A

TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE (THE CODE) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME

PURSUANT TO SECTION 501(A) OF THE CODE.

THE ALLIANCE ADHERES TO THE PROVISIONS OF ASC 740, INCOME TAXES (ASC 740).

ASC 740 ESTABLISHES RULES FOR RECOGNIZING AND MEASURING TAX POSITIONS 232054 09-01-22

 Schedule D (Form 990) 2022
 ALLIANCE OF CONFESSING EVANGELICALS, INC 23-1352120 Page 5

 Part XIII
 Supplemental Information (continued)

 TAKEN IN AN INCOME TAX RETURN, INCLUDING DISCLOSURES OF UNCERTAIN TAX

 POSITIONS (UTPS). ASC 740 MANDATES THAT COMPANIES EVALUATE ALL MATERIAL

 INCOME TAX POSITIONS FOR PERIODS THAT REMAIN OPEN UNDER APPLICABLE

 STATUTES OF LIMITATION, AS WELL AS POSITIONS EXPECTED TO BE TAKEN IN

 FUTURE RETURNS. THE UTP RULES THEN IMPOSE A RECOGNITION THRESHOLD ON EACH

 TAX POSITION. AN ORGANIZATION CAN RECOGNIZE AN INCOME TAX BENEFIT ONLY IF

 THE POSITION HAS A "MORE LIKELY THAN NOT" (I.E., MORE THAN 50 PERCENT)

 CHANCE OF BEING SUSTAINED ON THE TECHNICAL MERITS. FOR THE YEARS ENDED

 APRIL 30, 2023 AND, 2022, THE ALLIANCE HAS TAKEN NO MATERIAL TAX POSITIONS

 ON ITS APPLICABLE TAX FILINGS THAT DO NOT MEET THE "MORE LIKELY THAN NOT"

 THRESHOLD. AS A RESULT, NO AMOUNT FOR UTPS HAS BEEN INCLUDED IN THE

 FINANCIAL STATEMENTS.

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Name of the organization ALLIANCE OF CONFESSING EVANGELICALS, INC 23-1352120

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

HISTORIC CREEDS AND CONFESSIONS OF THE REFORMED FAITH AND WHO PROCLAIM

BIBLICAL DOCTRINE IN ORDER TO FOSTER A REFORMED AWAKENING IN TODAY'S

CHURCH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

UNDESIGNATED PROGRAM AND SALES PROGRAM REVENUE AND EXPENSES

EXPENSES \$ 319,675. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

COPIES OF THE "DRAFT" FORM 990 ARE PROVIDED TO MANAGEMENT. AT THAT TIME,

MANAGEMENT REVIEWS THE 990, PRESENTS AND SOLICITS INPUT FROM THE AUDIT

COMMITTEE OF THE BOARD FIRST. ANY NECESSARY CHANGES ARE THEN MADE TO THE

990 AND THEN IT IS REVIEWED WITH THE ENTIRE BOARD FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

NEW BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF

INTEREST QUESTIONNAIRE. THESE DOCUMENTS ARE MAINTAINED AND RE-VISITED ON

OCCASION THE CHIEF OPERATION OFFICER MAINTAINS THESE DOCUMENTS ON FILE. AT

EACH MEETING OF THE BOARD, ALL DISCLOSURES OF REAL OR APPARENT CONFLICT OR

DUALITY ON INTEREST SHALL BE NOTED FOR THE RECORD IN THE MINUTES.

FORM 990, PART VI, SECTION B, LINE 15:

THE FULL BOARD IS REQUIRED TO SET COMPENSATION FOR THE EXECUTIVE DIRECTOR

USING COMPARABILITY DATA.

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
ALLIANCE OF CONFESSING EVANGELICALS, INC	23-1352120
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS ARE AVAILABLE FOR INSPECTION AT TH	HE ALLIANCE
OFFICE. WEBSITES, SUCH AS GUIDESTAR, ALSO PROVIDE THE OPPO	ORTUNITY FOR THE
PUBLIC TO VIEW THE 990.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
HONORARIUMS, RECRUITMENT AND OUTSIDE LABOR:	
PROGRAM SERVICE EXPENSES	137,036.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	137,036.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	137,036.
FORM 990, PART XII, LINE 2C:	
AN AUDIT COMMITTEE OF THE BOARD IS RESPONSIBLE FOR THE SEI	LECTION OF THE
AUDITOR. THEY ARE JOINED BY THE EXECUTIVE DIRECTOR IN THE	OVERSIGHT OF
THE AUDIT. THE AUDITOR AND AUDIT COMMITTEE MEET EACH YEAR	TO REVIEW THE
AUDIT PROCESS AND REPORT.	