

Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning , and ending

**GREATER HICKORY
COOPERATIVE CHRISTIAN MINISTRY**

56-0934855

Net Asset / Fund Balance at Beginning of Year 4,450,460

Revenue

Contributions	<u>6,108,625</u>
Program service revenue	<u>64,981</u>
Investment income	<u>9,366</u>
Capital gain / loss	<u>27</u>
Special events:	
Gross revenue	<u>73,028</u>
Direct expenses	<u> </u>
Net income	<u>73,028</u>
Other income	<u>206,061</u>
Total revenue	<u>6,389,060</u>

Expenses

Program services	<u>6,500,224</u>
Management and general	<u>257,287</u>
Fundraising	<u>56,740</u>
Total expenses	<u>6,814,251</u>

Excess / (deficit) -425,191

Other changes 11,247

Net Asset / Fund Balance at End of Year 4,036,516

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Reconciliation of Revenue

Total revenue per financial statements	<u>6,501,290</u>
Less:	
Unrealized gains	<u>11,247</u>
Donated services	<u>100,983</u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>6,389,060</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>6,915,234</u>
Less:	
Donated services	<u>100,983</u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>6,814,251</u>

Balance Sheet

	<u>Beginning</u>	<u>Ending</u>	<u>Differences</u>
Assets	<u>4,506,880</u>	<u>4,090,909</u>	
Liabilities	<u>56,420</u>	<u>54,393</u>	
Net assets	<u>4,450,460</u>	<u>4,036,516</u>	<u>-413,944</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 08/15/10
 Failure to file penalty _____

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
31 FIRST AVENUE SE
 City or town, state or country, and ZIP + 4
HICKORY NC 28602

D Employer identification number
56-0934855

E Telephone number
828-327-0979

G Gross receipts \$ **6,603,982**

F Name and address of principal officer:
DR. ROGER BAKER
31 FIRST AVENUE SE
HICKORY NC 28602

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: ▶ **www.ccmhickory.com**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1969** **M** State of legal domicile: **NC**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE CRISIS ASSISTANCE TO THOSE IN NEED THROUGH THE FOLLOWING PROGRAMS: FOOD PANTRY, FINANCIAL ASSISTANCE, HEALTHCARE CENTER, AND THRIFT STORE	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of employees (Part V, line 2a)	27
	6	Total number of volunteers (estimate if necessary)	203
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	
7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1f)	Prior Year: 4,529,757 Current Year: 6,108,625
	9	Program service revenue (Part VIII, line 2g)	63,270 64,981
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,959 9,393
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	202,058 206,061
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,816,044 6,389,060
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,824,242 5,666,715
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	755,814 781,231
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 56,740	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	321,469 366,305	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,901,525 6,814,251	
19	Revenue less expenses. Subtract line 18 from line 12	-85,481 -425,191	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 4,506,880 End of Year: 4,090,909
	21	Total liabilities (Part X, line 26)	56,420 54,393
	22	Net assets or fund balances. Subtract line 21 from line 20	4,450,460 4,036,516

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's identifying number (see instructions) **P00553284**
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **Capps, Armstrong & Priestley, LLP** EIN ▶ **56-1040803**
P.O. Box 3504 Phone no. ▶ **828-328-2241**
Hickory, NC 28603

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
TO PROVIDE CRISIS ASSISTANCE TO THOSE IN NEED THROUGH THE FOLLOWING PROGRAMS: FOOD PANTRY, FINANCIAL ASSISTANCE, HEALTHCARE CENTER, AND THRIFT STORE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **5,436,879** including grants of \$ **4,941,233**) (Revenue \$)
PROVIDE MEDICAL CARE AND PHARMACEUTICALS TO THOSE IN NEED

4b (Code:) (Expenses \$ **1,011,343** including grants of \$ **725,482**) (Revenue \$)
PROVIDE A FOOD PANTRY AND ASSIST NEEDY INDIVIDUALS IN PAYING RENT AND UTILITY EXPENSES

4c (Code:) (Expenses \$ **52,002** including grants of \$) (Revenue \$)
MACC-LINKING UNINSURED ELIGIBLE PATIENTS WITH PRIMARY CARE PHYSICIANS WHO HAVE AGREED TO PROVIDE CARE FOR PATIENTS WITH CHRONIC CARE CONDITIONS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ **6,500,224**

Part IV Checklist of Required Schedules

		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 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. 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. Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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		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		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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		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 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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 Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	1		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	27		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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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 in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶ BRUCE BLACKBURN 1750 29TH AVENUE PLACE NE**

Hickory NC 28601 828-256-6331

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all 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. See 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 and/or Box 7 of Form 1099-MISC) 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.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REV ALAN AKRIDGE VP		X					0	0	0	
SCOTT ANDERSON DIRECTOR		X					0	0	0	
REV MINNIE BRYANT DIRECTOR		X					0	0	0	
DAVID CODY DIRECTOR		X					0	0	0	
JOYCE CORBETT PRESIDENT		X		X			0	0	0	
SANDY DUNBAR DIRECTOR		X					0	0	0	
DIETRA DULA DIRECTOR		X					0	0	0	
ARMANDO LAGUNAS DIRECTOR		X					0	0	0	
TODD HEFNER DIRECTOR		X					0	0	0	
JOHN HUSS DIRECTOR		X					0	0	0	
SHERBIA JONES DIRECTOR		X					0	0	0	
REV DAVID KECK JR DIRECTOR		X					0	0	0	
ROSEMARY KING SECRETARY		X		X			0	0	0	
SARA STEVENSON DIRECTOR		X					0	0	0	
BILL LOEHR DIRECTOR		X					0	0	0	
YVONNE SETZER DIRECTOR		X					0	0	0	
BRUCE BLACKBURN TREASURER		X		X			0	0	0	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK SMEEKS MD DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
DR. ROGER BAKER ED	40.00			<input checked="" type="checkbox"/>				64,667	0	0
CRYSTAL JEAN CFO	40.00			<input checked="" type="checkbox"/>				36,508	0	0
1b Total								101,175		

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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns					
	1b Membership dues					
	1c Fundraising events					
	1d Related organizations					
	1e Government grants (contributions)	34,998				
	1f All other contributions, gifts, grants, and similar amounts not included above	6,073,627				
	g Noncash contributions included in lines 1a-1f: \$	5,539,148				
	h Total. Add lines 1a-1f	6,108,625				
Program Service Revenue	2a State of NC- MAP	35,612	35,612			
	b Catawba County Health Dept	21,904	21,904			
	c City of Hickory Prescription	7,465	7,465			
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	64,981				
	3 Investment income (including dividends, interest, and other similar amounts)	9,366	9,366			
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6a Gross Rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	214,949			
		(ii) Other				
		b Less: cost or other basis & sales exps.	214,709	213		
	c Gain or (loss)	240	-213			
	d Net gain or (loss)	27	27			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b Less: direct expenses					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	128,666					
b Less: cost of goods sold						
c Net income or (loss) from sales of inventory	128,666	128,666				
Miscellaneous Revenue						
11a Rx DINNER	38,868	38,868				
b GREETING HONOR CARDS	13,910	13,910				
c HUNGER WALK	10,401	10,401				
d All other revenue	14,216	14,216				
e Total. Add lines 11a-11d	77,395					
12 Total Revenue. See instructions.	6,389,060	280,435	0	0		

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,666,715	5,666,715		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	636,763	458,445	142,157	36,161
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,245	6,153	3,092	
9 Other employee benefits	86,511	54,344	26,135	6,032
10 Payroll taxes	48,712	35,070	10,875	2,767
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,000		10,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other				
12 Advertising and promotion	846		846	
13 Office expenses	15,916	5,293	9,945	678
14 Information technology				
15 Royalties				
16 Occupancy	42,269	36,839	4,141	1,289
17 Travel	5,309	1,035	3,260	1,014
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,221	855	305	61
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,982	57,928	9,376	4,678
23 Insurance	24,473	17,731	5,618	1,124
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Contract & Prof. Services	69,802	69,235	567	
b Inventory Variation-Thrift	59,403	59,403		
c R&M Equipment	20,460	2,858	15,807	1,795
d Supplies	18,536	18,256	108	172
e Repairs-building	13,353	734	12,619	
f All other expenses	12,735	9,330	2,436	969
25 Total functional expenses. Add lines 1 through 24f	6,814,251	6,500,224	257,287	56,740
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	862,265	2	892,222
	3 Pledges and grants receivable, net	559,983	3	206,627
	4 Accounts receivable, net	3,069	4	5,766
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,232,861	8	1,193,607
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,374,058		
	b Less: accumulated depreciation	10b 661,080	1,776,503	10c 1,712,978
	11 Investments—publicly traded securities	72,110	11	79,634
	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	89	15	75
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,506,880	16	4,090,909	
Liabilities	17 Accounts payable and accrued expenses	14,877	17	16,659
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22
	23 Secured mortgages and notes payable to unrelated third parties	41,543	23	37,734
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	56,420	26	54,393
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,522,323	27	3,238,504
	28 Temporarily restricted net assets	427,879	28	295,254
	29 Permanently restricted net assets	500,258	29	502,758
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,450,460	33	4,036,516
34 Total liabilities and net assets/fund balances	4,506,880	34	4,090,909	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY Employer identification number 56-0934855

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 [X] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [] A school described in section 170(b)(1)(A)(ii).
3 [] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [] A community trust described in section 170(b)(1)(A)(vi).
9 [] An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 [] An organization organized and operated exclusively to test for public safety.
11 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a [] Type I b [] Type II c [] Type III-Functionally integrated d [] Type III-Other
e [] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box []
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

h Provide the following information about the supported organization(s).

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

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12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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 ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY. Employer identification number: 56-0934855.

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Questions 1-9 regarding conservation easements. Includes checkboxes for various purposes and a table for 'Held at the End of the Tax Year'.

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Questions 1a-1b and 2 regarding collections of art and historical treasures. Includes dollar amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	568,463	513,981			
b Contributions	3,150	54,483			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment **▶ 12.05%**
 - b** Permanent endowment **▶ 87.95%**
 - c** Term endowment **▶ _____%**
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-----|----------|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		176,346		176,346
b Buildings				
c Leasehold improvements				
d Equipment		201,761	166,935	34,826
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **▶ 211,172**

Part XIV Supplemental Information (continued)

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RENT AND UTILITIES	4863	78,847			
FOOD PANTRY DISTRIBUTIONS	11757		646,635	FMV	FOOD
MEDICINES DISPENSED	8297		4,941,233	FMV/COST	MEDICINES

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Department of the Treasury
Internal Revenue Service

Open To Public Inspection

Name of the organization **GREATER HICKORY
COOPERATIVE CHRISTIAN MINISTRY**

Employer identification number
56-0934855

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				Kelly Blue Book Value
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	637,126	TFAP & HARVEST HOPE VALUE
20 Drugs and medical supplies	X	1	4,902,022	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Name of the organization **GREATER HICKORY
COOPERATIVE CHRISTIAN MINISTRY**

Employer identification number
56-0934855

Form 990, Part I, Line 6

**VOLUNTEERS ARE USED IN THE THRIFT STORE, CLIENT SERVICE, FOOD PANTRY,
PHARMACY AND CLINIC. SPECIALIZED SERVICES INCLUDING DOCTORS, DENTISTS,
NURSES, ETC ARE ALSO DONATED.**

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

None noted during the year.

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Form 990, Part VI, Line 15a - Compensation Process for Top Official

Executive Director's pay is voted on by the Board of Directors.

Form 990, Part VI, Line 15b - Compensation Process for Officers

**Employees salaries are decided by the Executive Director and approved by
the Board of Directors.**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

UPON REQUEST OR VIA WWW.GUIDESTAR.COM

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172
2009
Attachment Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY** Identifying number **56-0934855**

Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	64,021

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	7,963
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	71,984
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2009
For calendar year 2009, or tax year beginning , and ending		

Name GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY	Employer Identification Number 56-0934855
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Form 990, Part X, Line 23 - Additional Information

Name of lender	Relationship to disqualified person
(1) City of Hickory	None
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

(1)	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
	69,500	06/01/99	06/01/19	\$385.21 monthly-240 months	3.000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	41,543	37,734
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	41,543	37,734

56-0934855

Federal Asset Report

FYE: 12/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
120	Iomega Backup Solution	1/06/05	679				679	5	HY 200DB	562	78
121	New Server	1/06/05	1,818				1,818	5	HY 200DB	1,504	209
122	Watchguard FireBox	1/06/05	538				538	5	HY 200DB	445	62
123	File Cabinets	7/01/05	291				291	5	HY 200DB	241	33
124	Computer (less rebates)	7/07/05	503				503	5	HY 200DB	416	58
125	GE Copier (Buyout)	8/05/05	1,391				1,391	5	HY 200DB	1,150	160
126	Computers & Printers (less rebates)	8/05/05	1,848				1,848	5	HY 200DB	1,529	213
127	Executive Director Chair	6/02/05	139				139	5	HY 200DB	115	16
128	Laptop & Projector	12/12/05	1,590				1,590	5	HY 200DB	1,315	183
129	Computer (less rebates)	7/07/05	503				503	5	HY 200DB	416	58
130	Toyota Electric Pallet Jack	6/30/05	2,900				2,900	5	HY 200DB	2,399	334
131	QS1 Software, Computer & Printer	5/01/06	11,290				11,290	5	MQ200DB	8,242	1,283
132	Modem	5/19/06	74				74	5	MQ200DB	54	8
133	Eneco Reach in Freezer	10/12/06	4,200				4,200	5	MQ200DB	2,764	574
134	Peterbilt Truck	12/14/06	34,316				34,316	5	MQ200DB	22,580	4,694
			<u>62,080</u>				<u>62,080</u>			<u>43,732</u>	<u>7,963</u>
Other Depreciation:											
6	Bldg - 31 1st Ave SE	5/30/95	46,000				46,000	40	MO S/L	12,650	1,150
12	Land	12/31/96	176,345				176,345	0	-- Land	0	0
13	Bldg - 29 1st Ave SE	12/31/96	52,000				52,000	40	MO S/L	14,300	1,300
15	File Cabinet	3/13/98	300				300	7	MO S/L	300	0
17	Furniture - Chairs	7/22/98	280				280	7	MO S/L	280	0
18	Stove	8/17/98	510				510	7	MO S/L	510	0
19	Awnings/Blinds	8/19/98	1,223				1,223	7	MO S/L	1,223	0
20	Tables/Chairs	8/19/98	1,066				1,066	7	MO S/L	1,066	0
21	Furniture	8/26/98	1,000				1,000	7	MO S/L	1,000	0
23	Burglar System	9/02/98	2,175				2,175	7	MO S/L	2,175	0
24	Awnings/Frames	Sold/Scrapped: 6/30/09 9/16/98	1,800				1,800	7	MO S/L	1,800	0
25	Printer	9/17/98	180				180	5	MO S/L	180	0
27	Building and renovations	9/30/98	910,053				910,053	40	MO S/L	234,805	22,751
28	Phone System	10/07/98	1,675				1,675	7	MO S/L	1,675	0
29	Computer Modem	12/31/98	150				150	5	MO S/L	150	0
30	Phone system - Sprint	12/31/98	10,382				10,382	7	MO S/L	10,382	0
31	Building - CDBG payments	12/31/98	62,070				62,070	39	MO S/L	15,714	1,571
32	Two chairs & two benches	1/01/99	2,900				2,900	7	MO S/L	2,900	0
33	Parking Lot	1/01/99	20,800				20,800	15	MO S/L	13,520	1,387
34	Building-Retainage-Construction (Elmore)	1/14/99	5,173				5,173	39	MO S/L	1,321	133
35	Bookshelf	2/16/99	130				130	7	MO S/L	130	0
36	Building-Final Pymts-Project 1	3/23/99	23,829				23,829	39	MO S/L	5,983	611
37	Computer Equip. - Smith DP	4/15/99	1,000				1,000	5	MO S/L	1,000	0
38	Security System Access/Main Ofc	6/09/99	440				440	5	MO S/L	440	0
39	Monitor	Sold/Scrapped: 6/30/09 7/21/99	219				219	5	MO S/L	219	0
40	Shelves	8/12/99	348				348	7	MO S/L	348	0
41	T Card/RAM	11/10/99	116				116	5	MO S/L	116	0
42	Visual Pharmacy Software	Sold/Scrapped: 6/30/09 11/18/99	3,045				3,045	5	MO S/L	3,045	0
46	Modem, Cables, Connectors	Sold/Scrapped: 6/30/09 12/24/99	172				172	5	MO S/L	172	0
48	Computer	Sold/Scrapped: 6/30/09 4/01/00	1,182				1,182	10	MO S/L	1,034	59
49	Nurses Station	Sold/Scrapped: 6/30/09 4/01/00	1,649				1,649	10	MO S/L	1,443	82
50	2 Dell Computers	Sold/Scrapped: 6/30/09 12/13/00	1,823				1,823	5	MO S/L	1,823	0
51	COMPAQ CPU	Sold/Scrapped: 6/30/09 12/31/00	533				533	5	MO S/L	533	0
52	CPU-Thrift Store	Sold/Scrapped: 6/30/09 1/02/01	533				533	5	MO S/L	533	0
53	Fax machine	Sold/Scrapped: 6/30/09 1/02/01	127				127	5	MO S/L	127	0

56-0934855

Federal Asset Report

FYE: 12/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
54	Surge Protector	2/02/01	359			359	5 MO S/L	359	0
55	Pulse Oximeter	5/23/01	695			695	5 MO S/L	695	0
56	Panic Alarms	6/19/01	300			300	5 MO S/L	300	0
57	Printer	6/28/01	318			318	5 MO S/L	318	0
58	Office chair	6/29/01	84			84	7 MO S/L	84	0
59	Computer workstation	8/03/01	179			179	7 MO S/L	179	0
60	Network server	8/07/01	962			962	5 MO S/L	962	0
61	Cash register	11/08/01	425			425	5 MO S/L	425	0
62	2 Dell Computers	11/08/01	1,478			1,478	5 MO S/L	1,478	0
63	Laser Printer	12/07/01	352			352	5 MO S/L	352	0
64	MS NT Software	12/21/01	1,526			1,526	3 MO S/L	1,526	0
65	HP Printer MX7	1/30/02	426			426	5 MO S/L	426	0
66	HP Printer 510N	1/30/02	671			671	5 MO S/L	671	0
67	1 4-Drawer File Cabinet	2/01/02	441			441	7 MO S/L	436	5
68	Electric Typewriter	2/25/02	128			128	7 MO S/L	125	3
69	1- 2 Drawer File Cabinet	2/25/02	138			138	7 MO S/L	135	3
70	3 Chairs	2/25/02	224			224	7 MO S/L	218	6
71	Safe	2/25/02	128			128	7 MO S/L	125	3
72	1- 4 Drawer File Cabinet	2/25/02	192			192	7 MO S/L	187	5
73	Banquet Tables	3/12/02	918			918	7 MO S/L	896	22
74	Continental 2 Door Refrigerator 2R-GD	3/25/02	2,932			2,932	7 MO S/L	2,828	104
75	Continental 2 Door Refrigerator F2-GD	3/25/02	4,624			4,624	7 MO S/L	4,459	165
76	Newsletter Printer	3/25/02	518			518	7 MO S/L	499	19
77	PC-1060 Laser Digital Copier	4/01/02	692			692	7 MO S/L	668	24
78	Office Furniture-various	5/01/02	2,712			2,712	7 MO S/L	2,583	129
80	Medservices Patient Tracking-Software	6/01/02	5,666			5,666	3 MO S/L	5,666	0
82	Office Furniture-various	6/15/02	6,139			6,139	7 MO S/L	5,773	366
83	2 Awning Recovers	8/01/02	2,130			2,130	7 MO S/L	1,953	177
84	3 30"x72" Folding tables	8/26/02	481			481	7 MO S/L	435	46
85	Health Care Center-2000	9/01/02	16,900			16,900	39 MO S/L	2,744	434
86	Health Care Center-2001	9/01/02	169,087			169,087	39 MO S/L	27,459	4,335
87	Health Care Center-2002	9/01/02	630,901			630,901	39 MO S/L	102,454	16,177
88	Chairs-Clinic	9/01/02	4,755			4,756	7 MO S/L	4,303	453
89	Computer-Clinic	9/01/02	5,022			5,022	7 MO S/L	4,543	479
90	Furniture-Clinic	9/01/02	2,131			2,131	7 MO S/L	1,928	203
91	Clock Camera-Security	10/07/02	425			425	7 MO S/L	379	46
92	Time Lapse-VCR-Security	10/07/02	625			625	7 MO S/L	558	67
93	Dutch door-pharmacy	11/06/02	859			859	20 MO S/L	265	43
94	Lombert Ophthalmology Equipment	12/01/02	2,489			2,489	7 MO S/L	2,163	326
95	Furniture-donated-Carolina House	2/05/02	1,200			1,200	7 MO S/L	1,185	15
96	Furniture-donated by Arditti	3/28/02	8,730			8,730	7 MO S/L	8,418	312
97	2 Fiber Optics-donated	6/15/02	5,000			5,000	5 MO S/L	5,000	0
98	Sidewalk	1/29/03	1,775			1,775	15 MO S/L	700	118
99	Clinic remodel	9/01/03	3,415			3,415	39 MO S/L	467	88
100	Light Fixture-front of bldg	3/05/03	2,196			2,196	7 MO S/L	1,830	314
101	Lateral File Cabinet	4/03/03	475			475	7 MO S/L	390	68
102	6 Storage Racks	8/25/03	441			441	7 MO S/L	336	63
103	Telephones	1/14/03	640			640	7 MO S/L	548	92
104	HP Color Laser Printer	2/12/03	930			930	5 MO S/L	930	0
105	HP 250 Sheet Tray	3/27/03	280			280	5 MO S/L	280	0
106	Dell Dimension Computer	3/27/03	721			721	5 MO S/L	721	0
107	EKG Machine	1/15/03	4,884			4,884	5 MO S/L	4,884	0
108	Software	2/28/03	1,036			1,036	3 MO S/L	1,036	0
109	Software-pharmacy	7/14/03	1,238			1,238	3 MO S/L	1,238	0
110	Security Camera	2/03/03	335			335	5 MO S/L	335	0
111	Refrigerator	5/29/03	442			442	5 MO S/L	442	0
112	Sebo X-5 vacuum	8/16/04	656			656	7 MO S/L	406	94
113	Airtec X-ray film processor	2/25/04	1,799			1,799	5 MO S/L	1,739	60
115	96 Volvo SW	1/01/04	9,500			9,500	5 MO S/L	9,500	0
116	2 Dental Chairs	8/21/04	3,995			3,995	7 MO S/L	2,473	571
117	Laser Printer	9/28/04	1,000			1,000	5 MO S/L	850	150
118	Pharmacy Renovation	8/12/05	41,473			41,473	39 MO S/L	3,633	1,064
135	Thrift Store Renovations	1/21/07	440			440	5 MO S/L	169	88
136	Thrift Store Flooring	1/29/07	12,035			12,035	5 MO S/L	4,613	2,407
137	Adjustable Shoe Rack	3/22/07	880			880	5 MO S/L	308	176
138	Brother HL-2040 Laser Printer	5/05/07	100			100	5 MO S/L	33	20
139	Gardall Safe	5/08/07	175			175	5 MO S/L	58	35
140	Laswer Printer for Developement Coord	8/23/07	120			120	5 MO S/L	32	24
141	Cannon Pinma Mini 260 Photo Printer	10/02/07	180			180	5 MO S/L	45	36
142	10 Dell Computers, 3 Printers, 1 Front Bus	10/11/07	10,149			10,149	5 MO S/L	2,537	2,030
143	Digital Safe	10/11/07	53			53	5 MO S/L	13	11

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Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
144	Brother MFC7220 Laser Machine	10/19/07	160			160	5 MO S/L	37	32
145	Platform Scale	11/01/07	799			799	5 MO S/L	186	160
146	Digital Camera	12/20/07	180			180	5 MO S/L	36	36
147	Security Cameras & System	10/21/08	7,660			7,660	5 MO S/L	255	1,532
148	Donor Software	5/15/08	3,075			3,075	3 MO S/L	683	1,025
149	94 Chevy Van	3/25/08	625			625	5 MO S/L	94	125
150	Security System Upgrade	10/27/09	2,634			2,634	5 MO S/L	0	88
152	1 PC/Monitor/Software	7/31/09	671			671	5 MO S/L	0	56
153	2 PC's/Monitors/Software	7/31/09	1,342			1,342	5 MO S/L	0	112
154	6 PC's/Monitors/Software	7/31/09	4,025			4,025	5 MO S/L	0	335
Total Other Depreciation			<u>2,337,725</u>			<u>2,337,725</u>		<u>570,894</u>	<u>64,021</u>
Total ACRS and Other Depreciation			<u>2,337,725</u>			<u>2,337,725</u>		<u>570,894</u>	<u>64,021</u>
Grand Totals			2,399,805			2,399,805		614,626	71,984
Less: Dispositions and Transfers			25,744			25,744		25,390	141
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>2,374,061</u>			<u>2,374,061</u>		<u>589,236</u>	<u>71,843</u>

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<p>There are no assets that meet the criteria of this report</p>						

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Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
120	Iomega Backup Solution	1/06/05	679	39	0
121	New Server	1/06/05	1,818	105	0
122	Watchguard FireBox	1/06/05	538	31	0
123	File Cabinets	7/01/05	291	17	0
124	Computer (less rebates)	7/07/05	503	29	0
125	GE Copier (Buyout)	8/05/05	1,391	81	0
126	Computers & Printers (less rebates)	8/05/05	1,848	106	0
127	Executive Director Chair	6/02/05	139	8	0
128	Laptop & Projector	12/12/05	1,590	92	0
129	Computer (less rebates)	7/07/05	503	29	0
130	Toyota Electric Pallet Jack	6/30/05	2,900	167	0
131	QS1 Software, Computer & Printer	5/01/06	11,290	1,284	0
132	Modem	5/19/06	74	9	0
133	Eneco Reach in Freezer	10/12/06	4,200	460	0
134	Peterbilt Truck	12/14/06	34,316	3,756	0
			<u>62,080</u>	<u>6,213</u>	<u>0</u>

Other Depreciation:

6	Bldg - 31 1st Ave SE	5/30/95	46,000	1,150	0
12	Land	12/31/96	176,345	0	0
13	Bldg - 29 1st Ave SE	12/31/96	52,000	1,300	0
15	File Cabinet	3/13/98	300	0	0
17	Furniture - Chairs	7/22/98	280	0	0
18	Stove	8/17/98	510	0	0
19	Awnings/Blinds	8/19/98	1,223	0	0
20	Tables/Chairs	8/19/98	1,066	0	0
21	Furniture	8/26/98	1,000	0	0
25	Printer	9/17/98	180	0	0
27	Building and renovations	9/30/98	910,053	22,752	0
29	Computer Modem	12/31/98	150	0	0
31	Building - CDBG payments	12/31/98	62,070	1,572	0
32	Two chairs & two benches	1/01/99	2,900	0	0
33	Parking Lot	1/01/99	20,800	1,386	0
34	Building-Retainage-Construction (Elmore)	1/14/99	5,173	132	0
35	Bookshelf	2/16/99	130	0	0
36	Building-Final Pymts-Project 1	3/23/99	23,829	611	0
37	Computer Equip. - Smith DP	4/15/99	1,000	0	0
40	Shelves	8/12/99	348	0	0
53	Fax machine	1/02/01	127	0	0
54	Surge Protector	2/02/01	359	0	0
55	Pulse Oxometer	5/23/01	695	0	0
56	Panic Alarms	6/19/01	300	0	0
57	Printer	6/28/01	318	0	0
58	Office chair	6/29/01	84	0	0
59	Computer workstation	8/03/01	179	0	0
60	Network server	8/07/01	962	0	0
61	Cash register	11/08/01	425	0	0
62	2 Dell Computers	11/08/01	1,478	0	0
63	Laser Printer	12/07/01	352	0	0
64	MS NT Software	12/21/01	1,526	0	0
65	HP Printer MX7	1/30/02	426	0	0
66	HP Printer 510N	1/30/02	671	0	0
67	1 4-Drawer File Cabinet	2/01/02	441	0	0
68	Electric Typewriter	2/25/02	128	0	0
69	1- 2 Drawer File Cabinet	2/25/02	138	0	0
70	3 Chairs	2/25/02	224	0	0
71	Safe	2/25/02	128	0	0
72	1- 4 Drawer File Cabinet	2/25/02	192	0	0
73	Banquet Tables	3/12/02	918	0	0
74	Continental 2 Door Refrigerator 2R-GD	3/25/02	2,932	0	0
75	Continental 2 Door Refrigerator F2-GD	3/25/02	4,624	0	0
76	Newletter Printer	3/25/02	518	0	0
77	PC-1060 Laser Digital Copier	4/01/02	692	0	0
78	Office Furniture-various	5/01/02	2,712	0	0

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Asset	Description	Date In Service	Cost	Tax	AMT
80	Medservices Patient Tracking-Software	6/01/02	5,666	0	0
82	Office Furniture-various	6/15/02	6,139	0	0
83	2 Awning Recovers	8/01/02	2,130	0	0
84	3 30"x72" Folding tables	8/26/02	481	0	0
85	Health Care Center-2000	9/01/02	16,900	433	0
86	Health Care Center-2001	9/01/02	169,087	4,336	0
87	Health Care Center-2002	9/01/02	630,901	16,177	0
88	Chairs-Clinic	9/01/02	4,756	0	0
89	Computer-Clinic	9/01/02	5,022	0	0
90	Furniture-Clinic	9/01/02	2,131	0	0
91	Clock Camera-Security	10/07/02	425	0	0
92	Time Lapse-VCR-Security	10/07/02	625	0	0
93	Dutch door-pharmacy	11/06/02	859	43	0
94	Lombert Opthamology Equipment	12/01/02	2,489	0	0
95	Furniture-donated-Carolina House	2/05/02	1,200	0	0
96	Furniture-donated by Arditti	3/28/02	8,730	0	0
97	2 Fiber Optics-donated	6/15/02	5,000	0	0
98	Sidewalk	1/29/03	1,775	119	0
99	Clinic remodel	9/01/03	3,415	87	0
100	Light Fixture-front of bldg	3/05/03	2,196	52	0
101	Lateral File Cabinet	4/03/03	475	17	0
102	6 Storage Racks	8/25/03	441	42	0
103	Telephones	1/14/03	640	0	0
104	HP Color Laser Printer	2/12/03	930	0	0
105	HP 250 Sheet Tray	3/27/03	280	0	0
106	Dell Dimension Computer	3/27/03	721	0	0
107	EKG Machine	1/15/03	4,884	0	0
108	Software	2/28/03	1,036	0	0
109	Software-pharmacy	7/14/03	1,238	0	0
110	Security Camera	2/03/03	335	0	0
111	Refrigerator	5/29/03	442	0	0
112	Sebo X-5 vacuum	8/16/04	656	93	0
113	Airtec X-ray film processor	2/25/04	1,799	0	0
115	96 Volvo SW	1/01/04	9,500	0	0
116	2 Dental Chairs	8/21/04	3,995	571	0
117	Laser Printer	9/28/04	1,000	0	0
118	Pharmacy Renovation	8/12/05	41,473	1,063	0
135	Thrift Store Renovations	1/21/07	440	88	0
136	Thrift Store Flooring	1/29/07	12,035	2,408	0
137	Adjustable Shoe Rack	3/22/07	880	176	0
138	Brother HL-2040 Laser Printer	5/05/07	100	20	0
139	Gardall Safe	5/08/07	175	35	0
140	Laswer Printer for Developement Coord	8/23/07	120	24	0
141	Cannon Pinma Mini 260 Photo Printer	10/02/07	180	36	0
142	10 Dell Computers, 3 Printers, 1 Front Bus	10/11/07	10,149	2,030	0
143	Digital Safe	10/11/07	53	11	0
144	Brother MFC7220 Laser Machine	10/19/07	160	32	0
145	Platform Scale	11/01/07	799	160	0
146	Digital Camera	12/20/07	180	36	0
147	Security Cameras & System	10/21/08	7,660	1,532	0
148	Donor Software	5/15/08	3,075	1,025	0
149	94 Chevy Van	3/25/08	625	125	0
150	Security System Upgrade	10/27/09	2,634	527	0
152	1 PC/Monitor/Software	7/31/09	671	134	0
153	2 PC's/Monitors/Software	7/31/09	1,342	268	0
154	6 PC's/Monitors/Software	7/31/09	4,025	805	0
	Total Other Depreciation		<u>2,311,981</u>	<u>61,408</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>2,311,981</u>	<u>61,408</u>	<u>0</u>
	Grand Totals		<u>2,374,061</u>	<u>67,621</u>	<u>0</u>

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Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
INTEREST INCOME	\$ 8,229				
Total	<u>\$ 8,229</u>				

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Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Special Events	\$ 5,241	\$ 5,241		
Publicity	4,974		4,005	969
Dues & licenses	2,771	1,645	1,126	
Volunteer recognition	1,223		1,223	
Work And Ride	715	715		
Volunteer recongnition	660	660		
Miscellaneous	393		393	
Work and Ride	310		310	
Bank Charges	-39	1,069	-1,108	
Bad Debts	-3,513		-3,513	
Total	\$ <u>12,735</u>	\$ <u>9,330</u>	\$ <u>2,436</u>	\$ <u>969</u>

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