

Forms 990 / 990-EZ Return Summary

For calendar year 2010, or tax year beginning _____, and ending _____

**GREATER HICKORY
COOPERATIVE CHRISTIAN MINISTRY**

56-0934855

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

Revenue

Contributions	<u>9,080,388</u>	
Program service revenue	<u>94,557</u>	
Investment income	<u>2,570</u>	
Capital gain / loss	<u>4,827</u>	
Special events:		
Gross revenue	<u>13,745</u>	
Direct expenses	<u> </u>	
Net income	<u>13,745</u>	
Other income	<u>162,101</u>	
Total revenue		<u>9,344,443</u>

Expenses

Program services	<u>9,073,761</u>	
Management and general	<u>255,844</u>	
Fundraising	<u>77,277</u>	
Total expenses		<u>9,406,882</u>
Excess / (deficit)		<u>-62,439</u>

Other changes 6,993

Net Asset / Fund Balance at End of Year 3,981,070

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Reconciliation of Revenue

Total revenue per financial statements	<u>9,449,553</u>	
Less:		
Unrealized gains	<u>6,993</u>	
Donated services	<u>98,117</u>	
Recoveries	<u> </u>	
Other	<u> </u>	
Plus:		
Investment expenses	<u> </u>	
Other	<u> </u>	
Total revenue per return	<u>9,344,443</u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>9,504,999</u>	
Less:		
Donated services	<u>98,117</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>9,406,882</u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>4,090,909</u>	<u>4,035,661</u>	
Liabilities	<u>54,393</u>	<u>54,591</u>	
Net assets	<u>4,036,516</u>	<u>3,981,070</u>	<u>-55,446</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 08/15/11
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2010, or fiscal year beginning, 2010, and ending, 20

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

2010

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

Name and title of officer **Dr. Roger Baker Executive Director**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	9,344,443
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ **07/29/11**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56850931637
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2010)

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)

2010

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 2010 calendar year, or tax year beginning _____, **and ending** _____

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

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) **31 FIRST AVENUE SE** Room/suite _____
 City or town, state or country, and ZIP + 4 **HICKORY NC 28602**

D Employer identification number **56-0934855**

E Telephone number **828-327-0979**

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

G Gross receipts\$ **9,486,264**

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) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.ccmhickory.com**

K Form 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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
	7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 6,108,625	Current Year 9,080,388
	9	Program service revenue (Part VIII, line 2g)	64,981	94,557
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,393	7,397
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	206,061	162,101
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,389,060	9,344,443
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	781,231	817,904
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
		b Total fundraising expenses (Part IX, column (D), line 25) ▶	77,277	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	366,305	332,284
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,814,251	9,406,882	
	19 Revenue less expenses. Subtract line 18 from line 12	-425,191	-62,439	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 4,090,909	End of Year 4,035,661
	21	Total liabilities (Part X, line 26)	54,393	54,591
	22	Net assets or fund balances. Subtract line 21 from line 20	4,036,516	3,981,070

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: **Dr. Roger Baker** Date: _____
 Type or print name and title: **Executive Director**

Paid Preparer Use Only

Print/Type preparer's name: **Harold N Armstrong** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00553284**

Firm's name: **Capps, Armstrong & Priestley, LLP** Firm's EIN: **56-1040803**
 P.O. Box 3504
 Firm's address: **Hickory, NC 28603** Phone no.: **828-328-2241**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

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 \$ **7,605,194** including grants of \$ **7,156,049**) (Revenue \$)
PROVIDE MEDICAL CARE AND PHARMACEUTICALS TO THOSE IN NEED

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4b (Code:) (Expenses \$ **1,409,627** including grants of \$ **1,100,645**) (Revenue \$)
PROVIDE A FOOD PANTRY AND ASSIST NEEDY INDIVIDUALS IN PAYING RENT AND UTILITY EXPENSES

4c (Code:) (Expenses \$ **58,940** 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 ▶ **9,073,761**

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? (see instructions)		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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c	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		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 Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then 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
b	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, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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)		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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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 (or a family member thereof) 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)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	
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		
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. (see instructions)	<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
4b	If "Yes," enter the name of the foreign country: <input type="checkbox"/> See instructions for 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?		<input checked="" type="checkbox"/>
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<input checked="" type="checkbox"/>
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<input checked="" type="checkbox"/>
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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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

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

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.

- 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, if any. 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 neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) STEVE ELLIS, EVP and CFO DIRECTOR	0.00	X					0	0	0	
(2) SCOTT ANDERSON DIRECTOR	0.00	X					0	0	0	
(3) JOHN MCALLISTER, DDS DIRECTOR	0.00	X					0	0	0	
(4) DAVID CODY DIRECTOR	0.00	X					0	0	0	
(5) JOYCE CORBETT PAST PRESIDENT	0.00	X		X			0	0	0	
(6) PASTOR ROBERT SHOFFNER DIRECTOR	0.00	X					0	0	0	
(7) DIETRA DULA DIRECTOR	0.00	X					0	0	0	
(8) ARMANDO LAGUNAS DIRECTOR	0.00	X					0	0	0	
(9) RECTOR KARLA WOGGON DIRECTOR	0.00	X					0	0	0	
(10) JOHN HUSS PRESIDEN	0.00	X		X			0	0	0	
(11) REV DAVID KECK JR SECRETARY	0.00	X		X			0	0	0	
(12) SARA STEVENSON DIRECTOR	0.00	X					0	0	0	
(13) BILL LOEHR DIRECTOR	0.00	X					0	0	0	
(14) YVONNE SETZER DIRECTOR	0.00	X					0	0	0	
(15) BRUCE BLACKBURN TREASURER	0.00	X		X			0	0	0	
(16) FRANK SMEEKS MD VP	0.00	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 (describe hours for related organizations in Schedule O)	(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			
(17) DENNIS CHALK DIRECTOR	0.00	X						0	0	0
(18) EBELE CHIRA, MD DIRECTOR	0.00	X						0	0	0
(19) DR. ROGER BAKER ED	40.00			X				70,591	0	0
(20) CRYSTAL JEAN CFO	40.00			X				37,887	0	0
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								108,478		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								108,478		

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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		X
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		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	1e 53,075				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 9,027,313				
	g Noncash contributions included in lines 1a-1f: \$	8,484,754				
	h Total. Add lines 1a-1f		9,080,388			
Program Service Revenue	2a Catawba County Health Dept	Busn. Code	53,144	53,144		
	b State of NC- MAP		30,031	30,031		
	c City of Hickory Prescription		11,382	11,382		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		94,557			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,570	2,570	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real				
		(ii) Personal				
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	146,398			
		(ii) Other	250			
		b Less: cost or other basis & sales exps.	141,436	385		
		c Gain or (loss)	4,962	-135		
d Net gain or (loss)			4,827	4,827		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	136,284				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory		136,284	136,284		
Miscellaneous Revenue		Busn. Code				
11a HUNGER WALK		7,812	7,812			
b TAKE A BITE OUT OF HUNGER		5,483	5,483			
c Miscellaneous Income		3,933	3,933			
d All other revenue		8,589	8,589			
e Total. Add lines 11a-11d		25,817				
12 Total revenue. See instructions.		9,344,443	264,055	0	0	

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	8,256,694	8,256,694		
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	656,514	469,426	150,363	36,725
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,651	4,507	3,144	
9 Other employee benefits	95,922	68,280	20,810	6,832
10 Payroll taxes	57,817	35,911	19,097	2,809
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 11				
f Investment management fees				
g Other				
12 Advertising and promotion	7,830		90	7,740
13 Office expenses	21,785	11,337	4,732	5,716
14 Information technology				
15 Royalties				
16 Occupancy	44,539	34,084	9,156	1,299
17 Travel	8,024	4,675	2,658	691
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,423		1,423	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	67,550	54,534	8,275	4,741
23 Insurance	15,386	4,559	10,750	77
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Contract & Prof. Services	62,213	56,080	5,313	820
b Repairs-building	28,344	23,548	3,879	917
c Inventory Variation-Thrift	22,257	22,257		
d R&M Equipment	19,043	4,398	12,754	1,891
e Supplies	18,312	18,091	142	79
f All other expenses	5,578	5,380	-6,742	6,940
25 Total functional expenses. Add lines 1 through 24f	9,406,882	9,073,761	255,844	77,277
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	892,222	2	685,285
	3 Pledges and grants receivable, net	206,627	3	69,468
	4 Accounts receivable, net	5,766	4	7,786
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,193,607	8	1,542,314
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,375,671		
	b Less: accumulated depreciation	10b 728,389	1,712,978	10c 1,647,282
	11 Investments—publicly traded securities	79,634	11	82,188
	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	75	15	1,338
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,090,909	16	4,035,661	
Liabilities	17 Accounts payable and accrued expenses	16,659	17	19,912
	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	37,734	23	34,679
	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	54,393	26	54,591
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	3,238,504	27	3,306,627
	28 Temporarily restricted net assets	295,254	28	166,575
	29 Permanently restricted net assets	502,758	29	507,868
	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	4,036,516	33	3,981,070	
34 Total liabilities and net assets/fund balances	4,090,909	34	4,035,661	

Form **990** (2010)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,344,443
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,406,882
3	Revenue less expenses. Subtract line 2 from line 1	3	-62,439
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,036,516
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,993
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,981,070

Part XII Financial Statements and Reporting

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

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? Yes No

b Were the organization's financial statements audited by an independent accountant? Yes No

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? Yes No

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 separate basis, consolidated 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? Yes No

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

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

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?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

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

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. Rows (A) through (E) and Total.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. 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 ► <input type="checkbox"/>		
b 33 1/3% support test—2009. 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 ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. 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 ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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 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 year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.)						

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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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. 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—2009. 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. Also complete this part for any 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

2010

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 number, (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.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Includes checkboxes for public use, natural habitat, open space, historically important land area, and certified historic structure.

Table for conservation easement details. Includes questions 2a-d regarding total number of easements, acreage, and historic structures. Includes a 'Held at the End of the Tax Year' column.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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	571,613	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					

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2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ **1.78 %**
- b** Permanent endowment ▶ **12.76 %**
- c** Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI 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		203,374	180,630	22,744
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				199,090

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XIV Supplemental Information (continued)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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

Employer identification number
56-0934855

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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.
Part III can be duplicated 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
1 RENT AND UTILITIES	14158	72,805			
2 FOOD PANTRY DISTRIBUTIONS	15105		1,027,840	FMV	FOOD
3 MEDICINES DISPENSED	13730		7,156,049	FMV/COST	MEDICINES
4					
5					
6					
7					

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

2010

**Open To Public
Inspection**

▶ **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

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	1,020,586	TFAP & HARVEST HOPE VALUE
20 Drugs and medical supplies	X	1	7,464,168	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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

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 11b - Organization's Process to Review Form 990

990 is presented to the board for review prior to filing.

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

None noted during the year.

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

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Depreciation and Amortization
(Including Information on Listed Property)

▶ 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 instructions)	1	500,000
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	2,000,000
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 2009 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 2011. 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 instructions)

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	61,341

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 2010	17	6,213
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 2010 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 2010 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	67,554
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	

For Paperwork Reduction Act Notice, see separate instructions.

Special Events Schedule

Form 990

2010

For calendar year 2010, or tax year beginning , and ending

Name

GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY

Employer Identification Number

56-0934855

	(A)	(B)	(C)	Others	Total
Gross receipts	7,812	5,483	450	0	13,745
Less contributions	0	0	0	0	0
Gross revenue	7,812	5,483	450	0	13,745
Less direct expenses	0	0	0	0	0
Net income (loss)	7,812	5,483	450	0	13,745

Description: (A) HUNGER WALK

(B) TAKE A BITE OUT OF HUNGER

(C) Rx DINNER

Others GREETING HONOR CARDS

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Forms
990 / 990-PF**Mortgages and Other Notes Payable****2010**

For calendar year 2010, or tax year beginning , and ending

Name

**GREATER HICKORY
COOPERATIVE CHRISTIAN MINISTRY**

Employer Identification Number

56-0934855**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)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 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)	37,734	34,679
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	37,734	34,679

Federal Asset Report

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	640	39
121	New Server	1/06/05	1,818				1,818	5	HY 200DB	1,713	105
122	Watchguard FireBox	1/06/05	538				538	5	HY 200DB	507	31
123	File Cabinets	7/01/05	291				291	5	HY 200DB	274	17
124	Computer (less rebates)	7/07/05	503				503	5	HY 200DB	474	29
125	GE Copier (Buyout)	8/05/05	1,391				1,391	5	HY 200DB	1,310	81
126	Computers & Printers (less rebates)	8/05/05	1,848				1,848	5	HY 200DB	1,742	106
127	Executive Director Chair	6/02/05	139				139	5	HY 200DB	131	8
128	Laptop & Projector	12/12/05	1,590				1,590	5	HY 200DB	1,498	92
129	Computer (less rebates)	7/07/05	503				503	5	HY 200DB	474	29
130	Toyota Electric Pallet Jack	6/30/05	2,900				2,900	5	HY 200DB	2,733	167
131	QS1 Software, Computer & Printer	5/01/06	11,290				11,290	5	MQ200DB	9,525	1,284
132	Modem	5/19/06	74				74	5	MQ200DB	62	9
133	Eneco Reach in Freezer	10/12/06	4,200				4,200	5	MQ200DB	3,338	460
134	Peterbilt Truck	12/14/06	34,316				34,316	5	MQ200DB	27,274	3,756
			<u>62,080</u>				<u>62,080</u>			<u>51,695</u>	<u>6,213</u>
Other Depreciation:											
6	Bldg - 31 1st Ave SE	5/30/95	46,000				46,000	40	MO S/L	13,800	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	15,600	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
25	Printer	9/17/98	180				180	5	MO S/L	180	0
27	Building and renovations	9/30/98	910,033				910,033	40	MO S/L	257,556	22,752
29	Computer Modem	12/31/98	150				150	5	MO S/L	150	0
31	Building - CDBG payments	12/31/98	62,000				62,000	39	MO S/L	17,285	1,572
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	14,907	1,386
34	Building-Retainage-Construction (Elmore)	1/14/99	5,173				5,173	39	MO S/L	1,454	132
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	6,594	611
37	Computer Equip. - Smith DP	4/15/99	1,000				1,000	5	MO S/L	1,000	0
40	Shelves	8/12/99	348				348	7	MO S/L	348	0
53	Fax machine	1/02/01	127				127	5	MO S/L	127	0
54	Surge Protector	2/02/01	359				359	5	MO S/L	359	0
55	Pulse Oxometer	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	441	0
68	Electric Typewriter	2/25/02	128				128	7	MO S/L	128	0
69	1- 2 Drawer File Cabinet	2/25/02	138				138	7	MO S/L	138	0
70	3 Chairs	2/25/02	224				224	7	MO S/L	224	0
71	Safe	2/25/02	128				128	7	MO S/L	128	0
72	1- 4 Drawer File Cabinet	2/25/02	192				192	7	MO S/L	192	0
73	Banquet Tables	3/12/02	918				918	7	MO S/L	918	0
74	Continental 2 Door Refrigerator 2R-GD	3/25/02	2,932				2,932	7	MO S/L	2,932	0
75	Continental 2 Door Refrigerator F2-GD	3/25/02	4,624				4,624	7	MO S/L	4,624	0
76	Newletter Printer	3/25/02	518				518	7	MO S/L	518	0
77	PC-1060 Laser Digital Copier	4/01/02	692				692	7	MO S/L	692	0
78	Office Furniture-various	5/01/02	2,712				2,712	7	MO S/L	2,712	0
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	6,139	0
83	2 Awning Recovers	8/01/02	2,130				2,130	7	MO S/L	2,130	0

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Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
84	3 30"x72" Folding tables	8/26/02	481		481	7 MO S/L	481	0
85	Health Care Center-2000	9/01/02	16,900		16,900	39 MO S/L	3,178	433
86	Health Care Center-2001	9/01/02	169,087		169,087	39 MO S/L	31,794	4,336
87	Health Care Center-2002	9/01/02	630,901		630,901	39 MO S/L	118,631	16,177
88	Chairs-Clinic	9/01/02	4,756		4,756	7 MO S/L	4,756	0
89	Computer-Clinic	9/01/02	5,022		5,022	7 MO S/L	5,022	0
90	Furniture-Clinic	9/01/02	2,131		2,131	7 MO S/L	2,131	0
91	Clock Camera-Security	10/07/02	425		425	7 MO S/L	425	0
92	Time Lapse-VCR-Security	10/07/02	625		625	7 MO S/L	625	0
93	Dutch door-pharmacy	11/06/02	859		859	20 MO S/L	308	43
94	Lombert Ophthalmology Equipment	12/01/02	2,489		2,489	7 MO S/L	2,489	0
95	Furniture-donated-Carolina House	2/05/02	1,200		1,200	7 MO S/L	1,200	0
96	Furniture-donated by Arditti	3/28/02	8,730		8,730	7 MO S/L	8,730	0
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	818	119
99	Clinic remodel	9/01/03	3,415		3,415	39 MO S/L	555	87
100	Light Fixture-front of bldg	3/05/03	2,196		2,196	7 MO S/L	2,144	52
101	Lateral File Cabinet	4/03/03	475		475	7 MO S/L	458	17
102	6 Storage Racks	8/25/03	441		441	7 MO S/L	399	42
103	Telephones	1/14/03	640		640	7 MO S/L	640	0
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	500	93
113	Airtec X-ray film processor	2/25/04	1,799		1,799	5 MO S/L	1,799	0
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	3,044	571
117	Laser Printer	9/28/04	1,000		1,000	5 MO S/L	1,000	0
118	Pharmacy Renovation	8/12/05	41,473		41,473	39 MO S/L	4,697	1,063
135	Thrift Store Renovations	1/21/07	440		440	5 MO S/L	257	88
136	Thrift Store Flooring	1/29/07	12,035		12,035	5 MO S/L	7,020	2,408
137	Adjustable Shoe Rack	3/22/07	880		880	5 MO S/L	484	176
138	Brother HL-2040 Laser Printer	5/05/07	100		100	5 MO S/L	53	20
139	Gardall Safe	5/08/07	175		175	5 MO S/L	93	35
140	Laswer Printer for Developement Coord	8/23/07	120		120	5 MO S/L	56	24
141	Cannon Pinma Mini 260 Photo Printer	10/02/07	180		180	5 MO S/L	81	36
142	10 Dell Computers, 3 Printers, 1 Front Bus	10/11/07	10,149		10,149	5 MO S/L	4,567	2,030
143	Digital Safe	10/11/07	53		53	5 MO S/L	24	11
144	Brother MFC7220 Laser Machine	10/19/07	160		160	5 MO S/L	69	32
145	Platform Scale	11/01/07	799		799	5 MO S/L	346	160
146	Digital Camera	12/20/07	180		180	5 MO S/L	72	36
147	Security Cameras & System	10/21/08	7,660		7,660	5 MO S/L	1,787	1,532
148	Donor Software	5/15/08	3,075		3,075	3 MO S/L	1,708	1,025
149	94 Chevy Van	3/25/08	625		625	5 MO S/L	219	21
Sold/Scrapped: 3/03/10								
150	Security System Upgrade	10/27/09	2,634		2,634	5 MO S/L	88	527
152	1 PC/Monitor/Software	7/31/09	671		671	5 MO S/L	56	134
153	2 PC's/Monitors/Software	7/31/09	1,342		1,342	5 MO S/L	112	268
154	6 PC's/Monitors/Software	7/31/09	4,025		4,025	5 MO S/L	335	805
155	3 new computers	12/14/10	2,238		2,238	5 MO S/L	0	37
Total Other Depreciation			<u>2,314,219</u>		<u>2,314,219</u>		<u>609,384</u>	<u>61,341</u>
Total ACRS and Other Depreciation			<u>2,314,219</u>		<u>2,314,219</u>		<u>609,384</u>	<u>61,341</u>
Grand Totals			2,376,299		2,376,299		661,079	67,554
Less: Dispositions and Transfers			625		625		219	21
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			<u>2,375,674</u>		<u>2,375,674</u>		<u>660,860</u>	<u>67,533</u>

0482 GREATER HICKORY

56-0934855

FYE: 12/31/2010

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>
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There are no assets that meet the criteria of this report

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Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
120	Iomega Backup Solution	1/06/05	679	0	0
121	New Server	1/06/05	1,818	0	0
122	Watchguard FireBox	1/06/05	538	0	0
123	File Cabinets	7/01/05	291	0	0
124	Computer (less rebates)	7/07/05	503	0	0
125	GE Copier (Buyout)	8/05/05	1,391	0	0
126	Computers & Printers (less rebates)	8/05/05	1,848	0	0
127	Executive Director Chair	6/02/05	139	0	0
128	Laptop & Projector	12/12/05	1,590	0	0
129	Computer (less rebates)	7/07/05	503	0	0
130	Toyota Electric Pallet Jack	6/30/05	2,900	0	0
131	QS1 Software, Computer & Printer	5/01/06	11,290	481	0
132	Modem	5/19/06	74	3	0
133	Eneco Reach in Freezer	10/12/06	4,200	402	0
134	Peterbilt Truck	12/14/06	34,316	3,286	0
			<u>62,080</u>	<u>4,172</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	22,751	0
29	Computer Modem	12/31/98	150	0	0
31	Building - CDBG payments	12/31/98	62,070	1,571	0
32	Two chairs & two benches	1/01/99	2,900	0	0
33	Parking Lot	1/01/99	20,800	1,387	0
34	Building-Retainage-Construction (Elmore)	1/14/99	5,173	133	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	4,335	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	118	0
99	Clinic remodel	9/01/03	3,415	88	0
100	Light Fixture-front of bldg	3/05/03	2,196	0	0
101	Lateral File Cabinet	4/03/03	475	0	0
102	6 Storage Racks	8/25/03	441	0	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	63	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	380	0
117	Laser Printer	9/28/04	1,000	0	0
118	Pharmacy Renovation	8/12/05	41,473	1,064	0
135	Thrift Store Renovations	1/21/07	440	88	0
136	Thrift Store Flooring	1/29/07	12,035	2,407	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	10	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	342	0
150	Security System Upgrade	10/27/09	2,634	526	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
155	3 new computers	12/14/10	2,238	448	0
	Total Other Depreciation		<u>2,313,594</u>	<u>60,713</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>2,313,594</u>	<u>60,713</u>	<u>0</u>
	Grand Totals		<u>2,375,674</u>	<u>64,885</u>	<u>0</u>

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Federal Statements

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>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 2,563					
Total	<u>\$ 2,563</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>
Publicity	\$ 8,415	\$	\$ 1,475	\$ 6,940
Bank Charges	4,305	1,751	2,554	
Dues & licenses	3,151	1,830	1,321	
Volunteer recognition	1,598		1,598	
Special Events	1,480	1,480		
Miscellaneous	767	23	744	
Work And Ride	296	296		
Bad Debts	-14,434		-14,434	
Total	<u>\$ 5,578</u>	<u>\$ 5,380</u>	<u>\$ -6,742</u>	<u>\$ 6,940</u>

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