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## Part V Other Information (Note the statement requirements in the instructions for Part VI)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► NC		
42 a The books are in care of ► ALLISON BOOKKEEPING & TAX SERV Telephone no ► 704-788-8232 Located at ► 48 MANOR AVE SW CONCORD, NC ZIP + 4 ► 28025		
b 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)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

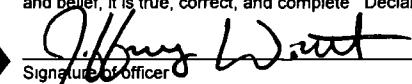
**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

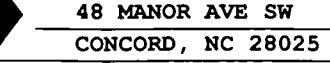
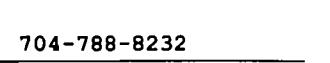
		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 . . . ►		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer  <span style="margin-left: 20px;">Date <u>3-19-2010</u></span>		
JEFFREY WORTH, TREASURER			
Type or print name and title			

Paid Preparer's Use Only	Preparer's signature 	Date <u>02-17-2010</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying No (See inst.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN 	Phone no  <u>704-788-8232</u>	
ALLISON BOOKKEEPING & TAX SERVI 48 MANOR AVE SW CONCORD, NC 28025				

May the IRS discuss this return with the preparer shown above? See instructions . . . . ►  Yes  No

**Federal Supporting Statements****2008**

Name(s) as shown on return

FEIN

**FORM 990EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE****STATEMENT #122**

<u>ACTIVITY</u>	<u>DISTRIBUTIONS FOR CHILDREN</u>	<u>AMOUNT</u>	<u>RELATIONSHIP</u>
GRANTEE	CABARRUS FOP	20,772	
ADDRESS	P O BOX 5302 CONCORD NC 28026		
		TOTAL	<u>20,772</u>

**FORM 990EZ, PART I, LINE 16  
OTHER EXPENSES SCHEDULE 2**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
CONFERENCES	232
INSURANCE	1,048
TAXES	773
BANK FEES	11
TOTAL	<u>2,064</u>

**FORM 990EZ, PART II, LINE 26  
OTHER LIABILITIES SCHEDULE 3**

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACOUNTS PAYABLE	<u>2,285</u>	<u>2,950</u>
TOTAL	<u>2,285</u>	<u>2,950</u>