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1 2940 04/09/2010 2 21 PM

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2009 Open to Public

Infernal Keagune 26		e reporting require	ements	Inspection
	alendar year, or tax year beginning , and ending			
B Check if applicable	Please C Name of organization use IRS CAMALIERA CARE COAL TITLON TNC		D Employe	r identification number
Address change	label or CATAWBA CARE COALITION, INC.		1	000040
Name change	print or			092940
Initial return	type. Number and street (or PO box if mail is not delivered to street address)  See 1151 CAMDEN AVENUE	Room/suite	E Telephon	e number 909-6363
Termination	Specific 219.4		G Gross receipts	
Amended return	tions ROCK HILL SC 29732	ľ	<b>O</b> 010001000pia	
F*3	E Name and address of agreement officer		H(a) is this a gi	roup return for
Application pending	TAMMY WHISENANT		affiliates?	Yes X No
	1151 CAMDEN AVENUE		H(b) Are all affi included?	
	ROCK HILL SC 29732			ach a list (see instructions)
I Tax-exempt sta			,	20. 2 not (000 mos 0000m)
	WWW.CATAWBACARE.ORG		H(c) Group exe	emption number
K Type of organization		Year of formation 2	000	State of legal domicite SC
	Summary			Otato di logal dell'illaio
	describe the organization's mission or most significant activities			<del></del>
то	PROMOTE OPTIMAL HEALTH FOR YORK, CHESTER, AND LANCAS	STER COUNTY	RESIDE	NTS
BY	PROVIDING MEDICAL CARE AND SUPPORT SERVCES FOR PEOPL			
E HTV	/AIDS AND BY EDUCATING THE COMMUNITY TO PREVENT THE			
<b>0</b> !	his box			
3 Number	r of voting members of the governing body (Part VI, line 1a)	70 07 110 1101 000013		16
y 4 Numbe	of independent voting members of the governing body (Part VI, line 1b)			16
5 Total n	imber of employees (Part V, line 2a)			28
E Total n	imber of volunteers (estimate if necessary)			73
	oss unrelated business revenue from Part VIII, column (C), line 12		7a	
			7b	
D Net dill	elated business taxable income from Form 990-T, line 34 RECEIVED	Prior Year		Current Year
8 Contrib		1,626	5,364	1,572,780
9 Program	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10c.	37	7,660	54,956
3 10 Investm	ent income (Part VIII, line 2g)  ent income (Part VIII, column (A), lines 3, 4, and 7d)		-711	2,158
11 Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	210	,881	682,757
	venue – add lines 8 through 11 (must equal Part VIII, column Ca Dife Nd) 1	1,874	1,194	2,312,651
	and similar amounts paid (Part IX, column (A), lines 1–3)	209	7,393	247,771
14 Benefits	paid to or for members (Part IX, column (A), line 4)			
ဖ 15 Salaries	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	994	1,396	1,030,238
15 Salaries	ional fundraising fees (Part IX, column (A), line 11e)			
	ndraising expenses (Part IX, column (D), line 25) ▶ 16,346			
□ 17 Othere	xpenses (Part IX, column (A), lines 11a-11d, 11f-24f)	461	.,578	686,893
	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,665	5,367	1,964,902
19 Revenu	e less expenses Subtract line 18 from line 12	208	3,827	347,749
ses		Beginning of Curr		End of Year
र्क्षुह्न 20 Total as	sets (Part X, line 16)	1,434		1,844,467
20 Total as 21 Total lia 22 Net ass	bilities (Part X, line 26)		3,474	169,520
	ets or fund balances Subtract line 21 from line 20	1,280	7,975	1,674,947
Part II S	ignature Block	<u> </u>		
Į u	nder penalties of perjuly, I declare that I have examined this return, including accompanying schedules a	nd statements, and t	o the best of m	y knowledge
	nd belief, it is/trile, co/rect, and/complete Declaration of preparer (other than officer) is based on all inforr	madon of which prep	alei ilas aliy ki	owiedge
Sign	, I MULLUC		41	15/10
Here /	Signature of officer		Date	ľ
2 ا	Anita Case Executive Director			
7	Type or print name and title	<del></del> _		
₹ Paid s	reparer's Date	Check if self-		Preparer's identifying number (see instructions)
2   "		9/10 employe	ed ▶ L	258-11-5444
Preparer's	rm's name (or yours Kendall L. Davis, P.C.		EIN ▶	
	39 N Tallahassee St		Phone	
of a	dress, and ZIP+4 Hazlehurst, GA 31539		no ▶ 9	12-375-6077
Mary Alexa IDD House	ss this return with the preparer shown above? (see instructions)			Yes No
For Privacy Act a	nd Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DAA				14,
				1

13 - 4 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	
orm 990 (2009) CATAWBA CARE COALITION, INC. 57-1092940	Page 2
Part Ⅲ Statement of Program Service Accomplishments	
1' Briefly describe the organization's mission TO PROMOTE OPTIMAL HEALTH FOR YORK, CHESTER, AND LANCASTER COUNTY BY PROVIDING MEDICAL CARE AND SUPPORT SERVCES FOR PEOPLE LIVING WELL HIV/AIDS AND BY EDUCATING THE COMMUNITY TO PREVENT THE SPREAD OF	ITH
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
If "Yes," describe these changes on Schedule O  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 \$ 240,644 including grants of \$ 163 ) (Revenue \$ PREVENTION SERVICES: FREE RAPID, ORAL HIV TESTING; COMMUNITY OUTREACH AND EDUCATION TO PERSONS AT RISK FOR HIV/AIDS; GROUP RISK REDUCTION STRATEGIES FOR HIGH RISK POPULATIONS; INTERNET-BASED PREVENTION EDUCATION; INDIVIDUAL RISK REDUCTION EDUCATION FOR PERSONS LIVING WITH HIV/AIDS; FREE CONDOM DISTRIBUTION PROGRAM; AND HIV+ SPEAKERS BUREAU PROGRAM.  DONATIONS NOT INCLUDED ABOVE: MATERIALS (\$768) PROFESSIONAL SERVICE (\$1,309).	ES
4b (Code )(Expenses \$ 1,172,488 including grants of \$ 220,771 ) (Revenue \$ MEDICAL SERVICES: ON-SITE, FREE/REDUCED RATE HIV SPECIALTY AND PRIMARY MEDICAL CARE; SPECIALTY CARE REFERRALS AND FINANCIAL ASSISTANCE, INCLUDING ORAL HEALTH CARE; LAB SERVICES; BREAST CANCER SCREENING/EDUCATION; TREATMENT ADHERENCE, MENTAL HEALTH, NUTRITIONAL AND RISK REDUCTION COUNSELING; FINANCIAL ASSISTANCE WITH HEALTH INSURANCE PREMIUMS AND CO-PAYS; NUTRITIONAL SUPPLEMENTS.  DONATIONS NOT INCLUDED ABOVE: MATERIALS (\$1,324) PROFESSIONAL SERVICES, 439).	730,378)
4c (Code )(Expenses \$ 413,311 including grants of \$ 26,837 ) (Revenue \$ SUPPORT SERVICES: MEDICAL CASE MANAGEMENT; HIV EDUCATION AND ADVOCACY; LINKAGE TO CARE; SUPPORT GROUPS; REFERRALS; PEER ADVOCACY; VOLUNTEER PROGRAMS; EMERGENCY FOOD PANTRY; TRANSPORTATION AND HOUSING ASSISTANCE; EDUCATIONAL PROGRAMS.  DONATIONS NOT INCLUDED ABOVE: PROFESSIONAL SERVICES (\$11,453), USE OF FACILITIES (\$2,100), AND MATERIALS (\$159).	)
4d. Other program services. (Describe in Schedule O.)	

including grants of \$ 1,826,443

Form **990** (2009)

) (Revenue \$

(Expenses \$

4e Total program service expenses ▶

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		_1_	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?		_2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
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		6		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		7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes,"			_	
-	complete Schedule D. Part III		8		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		9		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		10	x	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
••	VII, VIII, IX, or X as applicable		11	x	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
•	Schedule D, Part VI				
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				İ
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				1
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
12	Schedule D, Parts XI, XII, and XIII		12	Х	
124	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No	-12		
120	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	124   25	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		140		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		175		<u></u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		_:-		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		-:-		<del></del> -
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	ł	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ŀ		<del></del>	
	If "Yes," complete Schedule G, Part III		19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	ł	20		X
20	one the organization operate one or more hospitals. If Tes, Complete Schedule in			000	(2000)

Form 990 (2009) CATAWBA CARE COALITION, INC. 57-1092940 Page 4 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 X in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 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 X employees? If "Yes," complete Schedule J 23 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 X 24b through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 990-EZ? If "Yes," complete Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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? X 27 If "Yes," complete Schedule L, Part III 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) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Schedule R. Part V. line 2 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X

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 Form 990 (2009)

37

38

38

Series the number reported in Box 3 of Form 1098. Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable   10   0   0   0   0   0   0   0   0	Pa	art V 'Statements Regarding Other IRS Filings and Tax Compliance	_				
18 Enter the number reported in Box 3 of Form 1996, Annual Summary and Transmital of U.S. Information Returns Eure - Fur of applicable U.S. Information Returns Eure - Fur of applicable U.S. Information Returns Eure - Fur of applicable gament from the Park of Par	•					Yes	No
U.S. Information Returns Enter 0- If not applicable  D. Enter the number of Forms W.S. Quit included in line 1a. Enter 0- if not applicable  D. If the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) winning to prove winners?  22. Enter the number of employees reported on Form W.3. Transmitted (Mage and Tax Statements, feet for the caments year ending with vir within the year converd by this return.  23. Statements, feet for the caments year ending with vir within the year converd by this return.  24. If all least one is reported on line 2a, did the organization file all required ficefard employment tax returns?  25. Note, If the sum of lines 1 is and 2a is greater than 260, you may be required to e-file this return (see instructions).  35. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  36. If Yes,* has it filed a Form 990-T for this year? If No,* provide an explanation in Schedule O. 3b.  37. If Yes,* the sum of lines 1 is and 2 is greater than 260, you may be required to e-file this return (see instructions) and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country   Scale this return?  38. X. X. If Yes, a filed a Form 990-T for this year? If No,* provide an explanation in Scaletines account, or other financial accountry in a file organization file this requirements for Form TD F.90-22.1, Report of Foreign Bank and Financial Accounts.  39. If Yes, a filed a Form approach and filed greater than \$100,000, and did the organization return of the organization return of the transaction of a party to a prohibited tax shelter transaction?  49. Did any taxable party notify the organization file from 8886-1, Disclosure by Tax-Exempl Ethyl Regarding Prohibited Tax Shelter Transaction?  50. If Yes, a filed the organization network with every solicitation an express purpose of the organization organization and promised the	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1				
to Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) womings to prace winners?  2		U.S. Information Returns. Enter -0- if not applicable	1a	65			
gaming (samblarice) womings to prize winners?  Statements, filed for the callendar year ending with or within the year covered by this return.  If at least one is reported on Form W-3. Transmittal of Wage and Tax  Statements, filed for the callendar year ending with or within the year covered by this return.  If at least one is reported on Inne 2a, did the organization file all required federal employment tax returns?  Arts. If the sum of lines 1a and 2a is greater fhan 250, you may be required to 6-file this return (see instructions)  3a	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, file of the Calendary year ending with or within the year covered by the statum  31 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Anota, If the sum of lines 1a and 2a is greater filen 250, you may be required to e-file this return (see instructions)  32 If the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  33 If the organization have unrelated business gross income of \$1,000 or more during the year covered by this return (see instructions)  34 If Yes, 1 has it filed a Form 990-T for this year? If Yo," provide an explanation in Schedule O  35 If Yes, 1 has it filed a Form 990-T for this year? If Yo," provide an explanation in Schedule O  36 If Yes, 1 has it filed a Form 990-T for this year? If Yo," provide an explanation in Schedule O  36 If Yes, 2 in the the name of the foreign country    37 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  38 Was the organizations and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  39 Was the organization should be organization that it was or is a party to a prohibited tax shelter transaction?  40 If Yes, 1 on the Sa or 80, did the organization file Form 8885-T, Osidosure by Tax-Exempl Entity Regarding  40 Prohibited Tax Sheller Transaction?  41 If Yes, 2 in the organization include with every solication an express statement that such contributions or gifts were not sat deductable?  42 If Yes, 3 in the organization include with every solication an express statement that such contributions or gifts were not as deductable?  43 If Yes, 4 in the organization only the dinor of the value of the goods or services provided?  44 If Yes, 6 in the organization include with every solication an express statement that such contributions or gifts were n	С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
Statements, filed for the calendar year ending with or within the year covered by this returns 2		gaming (gambling) winnings to prize winners?			1c	X	
b If all least one is reported on lino 2a, did the organization file air required feeding employment tax returns?  Note, If the sum of lines is a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a. Distency organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b. If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schiedule O  3c. At any time during the calendar year, did the organization have an interest in, or a significant or other filancial account; over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts accounts accounts.  5c. If "Yes," enter the name of the foreign country    5c. Be the instructions for exceptions and filing requirements for form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5c. If "Yes," enter the name of the foreign country    5c. If "Yes," enter the name of the foreign country    5c. If "Yes, to line 5a or 5b, did the organization that was or is a party to a prohibited fax sheller transaction?  5c. If "Yes, to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Frohibited Tax sheller Transaction?  5c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Frohibited Tax sheller Transaction?  5c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Frohibited Tax sheller Transaction?  5c. If "Yes," to did the organization include with every solicitation an express statement that such contributions or gradient that such contributions and party for goods and services provided to the paper?  5c. If "Yes," and the organization native preserve deductible co	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If "Yes," has if lied a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has at filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," a fire the name of the foreign country (such as a bank account, securities account, or other financial account in Schedule O  3b If "Yes," effect the name of the foreign country (such as a bank account, securities account, or other financial accounts)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  3c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization appropriate organization that it was or is a party to a prohibited fax shelter transaction?  5b Was the organization propriated in Ferm 8886-T, Discourte by Tax-Scenige Tathly Regarding  Prohibited Tax Shelter Transaction?  5c Dest the organization has emalar gross receipts that are normally greater than \$100,000, and did the organization in Ferm 8886-T, Discourte by Tax-Scenige Tathly Regarding  1f "Yes," of the organization natural gross receipts that are normally greater than \$100,000, and did the organization studies with every solicitation an express statement that such contributions or gifts were not tax deductable?  6c Dest the organization studies with every solicitation an express statement that such contributions or gifts were not tax deductable?  6c Did the organization studies with every solicitation and partly for goods and services provided to the payor.  6c Organization studies the payor?  6c Did the organization studies of the payor.  6d Did the organization studies of the payor.  6d Did the organization, during the year, receive any funds, direc		Statements, filed for the calendar year ending with or within the year covered by this return	2a				
an structions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  All any time during the calendary 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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  So Us any tixable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8865-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  So Diss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sheld an ever not tax deductible?  So Dissupplications that were not tax deductible?  Organization solici any contributions that twe ver not tax deductible?  Organization solici any contributions that twe renot tax deductible?  Organizations shet may receive deductible contributions under socition 170(c).  Did the organization inclose we a payment in excess of \$75 made party as a contribution and party for goods and services provided to the progra- and services provided to the progra-  To Dist the organization shet, and the programination incloses the time of the goods or services provided?  To Did the organization sheep program and the organization file a form 1098-C as required?  If "Yes," and the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization and programs and progr	þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
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and services provided to the payor?  b     "Yes," did the organization notify the donor of the value of the goods or services provided?  c   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d	7	Organizations that may receive deductible contributions under section 170(c).					
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_	·			┥ │		
					12a		
	b	res, enter the amount of tax-exempt interest received or accrued during the year	120			, 990	(2000)

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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 Q. See instructions

	Ochedule O. Oee instructions.					
Sec	tion A. Governing Body and Management				T	·
4.	Establish sumbar of value mambars of the sourcement hadi.	ا ما	16		Yes	No
1a	Enter the number of voting members of the governing body	1a 1b	16			
ь 2	Enter the number of voting members that are independent	[_ <u>1D</u> _	10		l	l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2		x
3	any other officer, director, trustee, or key employee?			-	<del> </del>	-
3	Did the organization delegate control over management duties customanily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	2		4	<del>                                     </del>	X
5	Did the organization make any significant changes to its organizational documents since the prior Form 950 was med Did the organization become aware during the year of a material diversion of the organization's assets?	•		5		X
6	Does the organization have members or stockholders?			6	1	X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members			•	<del>                                     </del>	-
<i>,</i> a	of the governing body?			7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			10		
Ü	the year by the following				1	
а	The governing body?			8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			85		
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	ernal				
	renue Code.)	Jiliui				
1101	onde Code.				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	103	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			100		<del></del>
-	affiliates, and branches to ensure their operations are consistent with those of the organization?			10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			105		_
-	form?			11	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				[	ĺ
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	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?			16a		X
b	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?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ SC					
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					
	X Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes					

State the name, physical address, and telephone number of the person who possesses the books and records of the

policy, and financial statements available to the public

organization > MAURY WILKINSON

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."

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

- 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

(A) Name and Title	(B) Average	Pos	(C) Position (check all that apply)				ply)	(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
MARGARET WILLIAM	ON											
DIRECTOR		X				$\sqcup$		0	0	0		
JOSE BRITO												
DIRECTOR		X			_	Ш		0	0			
MICHAEL LAESSLE	}	l				}						
DIRECTOR		X						0	0	0		
GERI H. RUCKER								_		_		
DIRECTOR		X				<u> </u>		0	0	0		
SAMUEL SIMPSON	İ							_				
DIRECTOR		X						0	0	0		
RUTH WEBB		l										
DIRECTOR	ļ	X				$\sqcup$		0	0	0		
SUSAN FULLER		l								_		
DIRECTOR	ļ <u> </u>	X				$\vdash$		0	0	0		
MARY KEENAN		l :								•		
DIRECTOR	ļ	X		_		$\vdash$		0	0	0		
DAVID PLATTS								ا		0		
DIRECTOR		X				-		0	0	0		
REVEREND KELCY ST	heere							ا		0		
DIRECTOR		X				-		0	0	0		
SUZANNE WRIGHT	į	,,						ام		•		
DIRECTOR	<del>                                     </del>	X				$\vdash$		0	0	0		
ANITA CASE	40.00		}	<b>.</b> ,				70 750		6 400		
EXEC. DIR. MAURY WILKINSON	40.00		$\dashv$	X			-	70,759	0	6,490		
	40.00			<b>.</b>				55 500	o	6,490		
FINANCE DIR. THOMAS ROWE	40.00			X			_	55,588		6,490		
SECRETARY				x				o	o	0		
TAMMY WHISENANT		Н		^		$\vdash$	$\dashv$	- 0				
				$\mathbf{x}$				o	o	0		
CHAIR PERSON JULIA CHILDRESS P	HALED	H	$\dashv$	*		$\vdash$	$\dashv$	<del></del>				
TREASURER	التسمين			$\mathbf{x}$				o	0	0		
STEPHEN COOLEY	<del> </del>	$\vdash$	$\dashv$			-	$\dashv$	<u> </u>				
CHAIR ELECT	1			x	i		ļ	o	o	0		
DAA	<del> </del>							<u> </u>		Form <b>990</b> (2009)		

<u>Pa</u>	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	nplo	yees	, an	d Highest Compensated E	mployees (continued)				
	(A) Name and Title	hours per					hat a	pply)	(D) Reportable	(E)  Reportable  compensation	Estin	(F) Estimated		
•		hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	otl compe from organ and re	unt of her nsation n the ization elated zations			
			_											
			_											
			_		_		-							
			$\vdash$					_						
<del></del>														
										<u></u>				
							_							
							_							
1b	Total Total number of individuals (ind	cluding but not lim		to th	000	listor	l aho	<b>&gt;</b>	126,347	00 000 in		12,98		
	reportable compensation from								· · · · · · · · · · · · · · · · · · ·			1,, 1,,		
3	Did the organization list any fo								ee, or highest compensated			Yes No		
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related or	1a, is the sum of	frepo	ortab	le co	mpe	ensat	ion a	and other compensation from complete Schedule J for su	m uch	3	X		
5	Individual  Did any person listed on line 1a services rendered to the organ	a receive or accru	re co	mpe	nsat Sch	ion f	rom a e J fo	any i	unrelated organization for ich person		5	X		
Sec	tion B. Independent Contracto	ors							<u> </u>					
1	Complete this table for your five compensation from the organization	ation	nsate	d inc	depe	nder	nt cor	ntrac				(C)		
	Name and	(A) business address						<u> </u>	Descrip	(B) tion of services		(C) Compensation		
							<del></del>							
					.,			_				<u> </u>		
												,		
2	Total number of independent c						to th	ose	listed above) who received			0		
DAA	more man wroopood at compet		3-41								For	rm <b>990</b> (200		

Statement of Revenue (C) Unrelated (D) Revenue excluded from tax (B) Related or (A) Total revenue exempt function business revenue under sections 512, 513, or 514 revenue gifts, grants lar amounts 1a Federated campaigns b Membership dues 1b 17,654 c Fundraising events 1c 1d d Related organizations Contributions, and other simil 1,369,583 e Government grants (contributions) 10 f All other contributions, gifts, grants, and similar amounts not included above 1f 185,543 2,878 g Noncash contributions included in lines 1a-1f \$ 1,572,780 h Total. Add lines 1a-1f Program Service Revenue Busn Code 24,928 24,928 2a PRIVATE INSURANCE 24,264 24,264 MEDICAID AND MEDICARE 5,764 5,764 CLIENT COPAYS f All other program service revenue 54,956 g Total. Add lines 2a-2f  $\triangleright$ 3 Investment income (including dividends, interest, and 13,935 other similar amounts) 13,935 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (u) Personal 6a Gross Rents **b** Less rental exps C Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets 56,556 other than inventor **b** Less cost or other 68,333 basis & sales exps -11,777 c Gain or (loss) -11,777 -11,777 d Net gain or (loss) ▶ 8a Gross income from fundraising events Other Revenue 17,654 (not including \$ of contributions reported on line 1c) 19,430 See Part IV, line 18 12,095 b Less direct expenses 7,335 7,335 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b ▶ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 1,627,853 returns and allowances 953,516 b Less cost of goods sold 674,337 674,337 c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 1,085 1,085 11a OTHER REVENUE b d All other revenue 1,085 Total. Add lines 11a-11d  $\triangleright$ 0 9,493 2,312,651 730,378 Total Revenue. See instructions

Form 990 (2009)

### 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).

	All other organizations must				
	o not include amounts reported on lines 6b, , 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	290	290		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	247,481	247,481		
3	Grants and other assistance to governments,		,		
_	organizations, and individuals outside the			j	
	U S See Part IV, lines 15 and 16			j	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				<del></del>
3	·	139,327	71,180	56,560	11,587
•	trustees, and key employees	139,321	71,100	30,300	11,507
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	705 670	COA CEE	00 405	<u> </u>
7	Other salanes and wages	705,670	684,655	20,485	530
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				<del></del>
9	Other employee benefits	104,494	99,295	4,542	657
10	Payroll taxes	80,747	72,793	6,894	1,060
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	9,000	9,000		
d	Lobbying				
9	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	3,675	3,675		
13	Office expenses	5,328	4,738	429	161
14	Information technology				
15	Royalties				
16	Occupancy	68,354	62,435	5,320	599
17	Travel	22,460	20,511	1,869	80
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,977	4,534	1,427	16
20		3,311	- 1,001		
	Interest Payments to affiliates			<del></del>	
21	-	25,234	23,273	1,774	187
22	Depreciation, depletion, and amortization	10,944	8,065	2,802	77
23	Insurance	10,944	8,003	2,802	
	04				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )	330,712	330,712		
a	340B PROGRAM CONTRACT				
b	LAB SERVICES	73,731	73,731		<del></del>
С	PHYSICIAN ON-SITE	42,300	42,300		126
d	SUPPLIES	27,824	26,707	981	136
0	OTHER PROFESSIONAL SERVIC	26,069	13,237	12,772	1 106
f	All other expenses	35,285	27,831	6,258	1,196
25	Total functional expenses. Add lines 1 through 24f	1,964,902	1,826,443	122,113	16,346
26					
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				
DAA					Form <b>990</b> (2009)

	art )	( Balance Sheet	, INC.	<u> </u>	1032340		Page II
	<u>,                                    </u>	C Dalance Offeet			(A)		(B)
					Beginning of year	[ [	End of year
$\neg$	1	Cash—non-interest bearing			294,657	1	487,599
	2	Savings and temporary cash investments		-	201/001	2	
	3	Pledges and grants receivable, net		-	201,852	3	152,040
	4	Accounts receivable, net		-	92,579		138,938
	5	·	ustoon kov	}	<u> </u>		
	3	Receivables from current and former officers, directors, the employees, and highest compensated employees. Complete Com					
			ele Part II oi	ŀ		5	
	c	Schedule L		F	<del></del>	-	<del></del>
	6	Receivables from other disqualified persons (as defined u					
		4958(f)(1)) and persons described in section 4958(c)(3)(B	) Complete	ŀ			
छ	_	Part II of Schedule L		}		7	
Assets	7	Notes and loans receivable, net		<del> </del>	20,351	8	9 702
As	8	Inventories for sale or use		-	44,557		8,702 46,512
1	9	Prepaid expenses and deferred charges	r ı	-	44,357	9	40,312
	τυa	Land, buildings, and equipment cost or		561 000			
- 1		other basis Complete Part VI of Schedule D	10a	561,908 115,372	162 101		116 526
		Less accumulated depreciation	10b	115,372	463,494	$\overline{}$	446,536
	11	Investments—publicly traded securities		-	216,324	11	260,298
	12	Investments—other securities See Part IV, line 11		-	100,635	12	303,842
	13	Investments—program-related See Part IV, line 11		-		13	
	14	Intangible assets		<u> </u>		14	
- 1	15	Other assets See Part IV, line 11			1 424 440	15	1 044 467
-	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,434,449	16	1,844,467
- 1	17	Accounts payable and accrued expenses		-	153,474	17	169,520
	18	Grants payable		-		18	
	19	Deferred revenue		-		19	
- 1	20	Tax-exempt bond liabilities		-		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of S		_		21	
<u> </u>	22	Payables to current and former officers, directors, trustees	-				
ap		employees, highest compensated employees, and disqual	ıfied		-		
<b>=</b>		persons Complete Part II of Schedule L		_		22	
	23	Secured mortgages and notes payable to unrelated third p		-		23	
- 1	24	Unsecured notes and loans payable to unrelated third part	ties	_		24	
- 1	25	Other liabilities Complete Part X of Schedule D		-	150 454	25	160 500
$\overline{}$	26	Total liabilities. Add lines 17 through 25	1	_	153,474	26	169,520
es		Organizations that follow SFAS 117, check here ▶ 🔀	and			ŀ	
일		complete lines 27 through 29, and lines 33 and 34.			1 160 500	}	1 (11 12(
ag	27	Unrestricted net assets		_	1,168,508		1,611,136
<u>m</u>	28	Temporarily restricted net assets		-	112,467	28	63,811
Net Assets or Fund Balances	29	Permanently restricted net assets	_ []	-		29	
ᆲ		Organizations that do not follow SFAS 117, check here	<b>∌ ▶</b> ∐				
9		and complete lines 30 through 34.					
इ	30	Capital stock or trust principal, or current funds		-		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fu		-		31	
Ϋ́	32	Retained earnings, endowment, accumulated income, or o	ther funds	-	1 000 055	32	1 674 047
<u>e</u>	33	Total net assets or fund balances		-	1,280,975	33	1,674,947
4	34	Total liabilities and net assets/fund balances			1,434,449	34	1,844,467

Form **990** (2009)

orm	990 (2009) CATAWBA CARE COALITION, INC. 57-1092940		Pag	ge 12
Pa	rt XI ' Financial Statements and Reporting			
,			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a_		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?	2b_	X	
С	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	X	
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	3b	X	
		Forn	990	(2009)

**SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			CATA	WBA CAR	E	COALI	TION,	INC	•				57-	<u>-109</u>	2940		
Pa	art I	Reas	on for Pul	olic Charity	/ Sta	atus (All	organiz	ations	must co	mplete	this pa	art ) S	ee ins	tructio	ns.		
The	orgar	nization is not	a private four	ndation becaus	se it i	s (For line	s 1 throug	h 11, che	eck only o	ne box )							
1		A church, cor	nvention of ch	nurches, or ass	socia	ition of chu	irches des	cribed in	section 1	70(b)(1)(	A)(i).						
2		A school des	cribed in <b>sec</b>	tion 170(b)(1)	(A)(ii	i). (Attach	Schedule I	E)									
3		A hospital or	a cooperative	e hospital servi	rice oi	rganizatioi	n described	d ın <b>sect</b> ı	on 170(b)	(1)(A)(iii)	١.						
4		A medical res	search organ	zation operate	ed in e	conjunctio	n with a ho	spital de	scribed in	section 1	170(b)(1)	(A)(iii).	Enter th	ne hospi	ital's name,		
		city, and state	е														
5		An organizati	on operated	for the benefit	of a	college or	university (	owned or	operated	by a gove	ernmenta	al unit de	scribed	ın			
		section 170(	b)(1)(A)(iv).	(Complete Par	rt II)												
6		A federal, sta	ite, or local go	overnment or g	gover	rnmental u	nıt describ	ed in <b>sec</b>	tion 170(	b)(1)(A)(v	<b>′</b> ).						
7	X	An organizati	on that norm	ally receives a	subs	stantial pai	rt of its sup	port from	n a govern	mental un	ut or fron	n the ge	neral pu	iblic			
		described in s	section 170(	b)(1)(A)(vi). (0	Comp	olete Part I	1)										
8		A community	trust descnb	ed in section	170(I	b)(1)(A)(v	i). (Comple	ete Part II	l)								
9		An organizati	on that norm	ally receives (	(1) m	ore than 3	3 1/3 % of	its suppo	ort from co	ntribution	s, memb	ership fe	es, and	gross			
		receipts from	activities rela	ated to its exer	mpt fu	unctions—	subject to	certain e	xceptions	and (2) n	o more t	han 33	1/3 % o	fits			
		support from	gross investr	nent income a	ınd ur	nrelated bu	usiness tax	cable inco	ome (less	section 51	11 tax) fr	om busi	nesses				
		acquired by the	he organizati	on after June 3	30, 19	975 See s	ection 50	9(a)(2). (	Complete	Part III)							
10		An organizati	on organized	and operated	excl	usively to	test for pub	olic safety	y See <b>se</b> c	tion 509(	a)(4).						
11		•	•	and operated		-		-				-					
				ublicly suppor										tion			
		<b>509(a)(3).</b> Ch	eck the box t	hat describes	the ty	ype of sup	porting org	ganızatıor	n and com	plete lines	s 11e thr	ough 11	h				
	_	a Type	l <b>b</b>	Type II		c 📗	Type III-I	Functiona	ally integra	ited	d	Тур	e III–Ot	her			
е		, ,		tify that the ore	-			•									
		persons other	r than founda	tion managers	s and	other than	n one or m	ore publi	cly suppor	ted organ	ızatıons	describe	d in sec	ction			
		509(a)(1) or s	-														
f				d a written dete	ermir	nation from	n the IRS th	nat it is a	Type I, Ty	/pe II, or I	lype III s	upportin	g				<u></u> 1
		organization,					<b>.</b>										
g			_	is the organiza	ation	accepted	any giπ or i	contributi	ion from a	ny of the							
		following per							41							Yes	No
			-	or indirectly c				_	ıın person	s describe	ea in (ii)				44 = (1)	+	No
		` '	. •	verning body o			-	tion?							11g(i)		1
				person descri											11g(ıı		<del> </del>
				ty of a person											[11g(ıı	<u>'/I</u>	<u> </u>
h	No-		T	mation about t	The si		e of organiza		(ny) is the	organization	(v) Did v	ou notify	(vi)	s the	(vii) An	nount of	
(1)		of supported anization	ļ (r	i) EIN			e of organiza		1 ' '	sted in your		nzation in	organizat	ion in cot	, ,	port	
	_						or IRC secti		governing	document?		of your cort?		zed in the S ?			
						(see i	nstructions	5))	Yes	No	Yes	No	Yes	No			
		·····	<u> </u>		$\top$												
					- }												
					-					ŀ							
									<u> </u>								
					+				-								
T-4-			ĺ							1	1	1					

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Page 3

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 7a received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b С 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) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 17 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009 CATAWBA CARE COALITION, INC.

57-1092940

Page 4

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

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **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

Open to Public Inspection

Employer identification number CATAWBA CARE COALITION, INC. 57-1092940 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete of the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 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, 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, 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 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 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		RE COALITION				92940			Page 2
_P	art III Organizations Maintaining C	Collections of Art, H	istorical Treasu	ures, or	Other S	<u>imilar Asse</u>	ts (con	tinued	)
3	<ul> <li>Using the organization's acquisition, accession, collection items (check all that apply)</li> </ul>	and other records, check	any of the following	that are a	significant	use of its			
а	Public exhibition	<b>d</b> Loan o	r exchange program	ıs					
b	Scholarly research	e Other	<b>5</b> . <b>5</b>						
С	Preservation for future generations								
4	Provide a description of the organization's collect Part XIV	ctions and explain how the	y further the organiz	ation's ex	cempt purpo	se in			
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be				ılar		١	Yes	No
P	art IV Escrow and Custodial Arran				wered "\	les" to Form	<del> 990</del>		1 110
	IV, line 9, or reported an amo		-	tion and	J#10104	100 101 011	11 000,	· uit	
12	Is the organization an agent, trustee, custodian			accete n	nt				
Ia	included on Form 990, Part X?	or other intermediary for co	onthibutions of other	a33CIS 11	Ji		Г	Yes	□ No
<b>h</b>	If "Yes," explain the arrangement in Part XIV and	d complete the following to	blo				L		
D	it res, explain the arrangement in Fart Arv and	a complete the following ta	ble			[		mount	
_	Pagina an balanca					142			
C						1c		<del></del>	<del></del>
	Additions during the year					1d	<del></del>		
9	Distributions during the year					1e			
f n-	Ending balance	000 D- 1V 1 040				1f		<del></del>	<u> </u>
	Did the organization include an amount on Form	990, Paπ X, line 217					Ł	Yes	∐ No
	art V Endowment Funds. Complete	o if organization and	worod "Voo" to	Form (	200 Port	IV line 10			
	Endowment Funds. Complet	(a) Current year	(b) Prior year		years back	(d) Three years	c back /	a) Four v	ears back
4-	Danie - of an halan -		<del></del>		years back	(u) Tillee years	, back (	e) rour ye	- ars back
	Beginning of year balance	178,830	239,124				<del></del>		
	Contributions						<del></del>	<del>-</del>	
С	Net investment earnings, gains,	22 546	60,004				ŀ		
	and losses	33,746	-60,294			<del> </del> -			
d	Grants or scholarships	<u> </u>				<u> </u>		<del></del>	
е	Other expenditures for facilities								
_	and programs								
f	Administrative expenses		1=0 000			·			
g	•	212,576	178,830	L					
2	Provide the estimated percentage of the year en								
а	• • • • =	. <u>0</u> 0 <u>.</u> 0 <u>0</u> %							
b	Permanent endowment								
С									
3a	Are there endowment funds not in the possession	on of the organization that	are held and adminis	stered for	the				
	organization by						r		es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations						F	3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations lis	•					L	3b	
<u>4</u>	Describe in Part XIV the intended uses of the organization			DodV	lun n 40				
Pa	art VI Investments—Land, Buildin							. D I	·
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or oth basis (other)	I		umulated eciation	(a)	) Book va	iue
	<del> </del>	(mvestment)						401	E10
	Land	<del></del> -	405	,518			<del> </del>	403	5,518
	Buildings		1 4	600		14 600	<del></del>		
	Leasehold improvements			,600 ,790		14,600 100,772			010
	Equipment		141	, , 90		100,112	<del></del>		1,018
	Other	LEarn 000 B-471	(D) line 40(-)				<del> </del>	111	5 52 <i>6</i>
ıota	I. Add lines 1a through 1e (Column (d) must equa	ii Form 990, Part X, colum	n (B), line 10(C) )					446	<u>5,536</u>

Schedule D (Form 990) 2009 CATAWBA CARE COALITION	, INC.	57-1092940	Page <b>3</b>
Part VII Investments—Other Securities. See Form 990,	Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)		Cost or end-of-year	market value
Financial denvatives			· <del></del> -
Closely-held equity interests			
Other _ CERTIFICATE OF DEPOSIT	303,842	Market	
_ ~			<del>-</del>
			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	303,842	<del></del>	<del></del>
Part VIII Investments—Program Related. See Form 990,			
(a) Description of investment type	(b) Book value	(c) Method of v	valuation
	.,	Cost or end-of-year	
	···		-
	···		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description			(b) Book value
(a) Description			(b) Book value
			<del> </del>
			· · · · · · · · · · · · · · · · · · ·
			· · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line 25.		·	
1 (a) Description of liability	(b) Amount		
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, coi (B) line 25)			
2 FIN 48 Footpote in Part XIV provide the text of the footpote to the organiza	tion's financial statements t	hat reports the	

organization's liability for uncertain tax positions under FIN 48

Sche	Caro D (1 cmm ccc) 2000	092940		Page <b>4</b>
_Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial	<u>Statements</u>	s_	
1 '	Total revenue (Form 990, Part VIII, column (A), line 12)	1	$\perp$	2,312,651
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	_	1,964,902
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	_	347,749
4	Net unrealized gains (losses) on investments	4	┵	46,223
5	Donated services and use of facilities	5	┵	
6	Investment expenses	6	$\perp$	
7	Prior period adjustments	7	┙	
8	Other (Describe in Part XIV )	8	$\perp$	
9	Total adjustments (net) Add lines 4 through 8	9	ᆚ	46,223
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<u>」</u>	393,972
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return		
1	Total revenue, gains, and other support per audited financial statements	1	4	2,379,002
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		-	
а		6,223		
b	Donated services and use of facilities 2b 2c	0,128	1	
C	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV )			
е	Add lines 2a through 2d	2e	4	66,351
3	Subtract line 2e from line 1	3	$\perp$	2,312,651
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		1	
b	Other (Describe in Part XIV )		-	
С	Add lines 4a and 4b	4c		
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			2,312,651
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Retu	rn	
1	Total expenses and losses per audited financial statements	1	4	1,985,030
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a 20	0,128		
b	Prior year adjustments 2b			
C	Other losses 2c			
d	Other (Describe in Part XIV )			
е	Add lines 2a through 2d	2e	4	20,128
3	Subtract line 2e from line 1	3	4	1,964,902
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV )			
С	Add lines 4a and 4b	<u>4c</u>	1	1 064 000
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			1,964,902
	rt XIV : Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines			
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complet	e		
•	part to provide any additional information			
_P	art XIV - Supplemental Financial Information		_	
S	CHEDULE D PART V LINE 4: CATAWBA CARE COALITION HAS A B	OARD-DE	S	GNATED
_E	NDOWMENT_FUND. THIS_FUND WAS ESTABLISHED TO BE USED SO	PETT FO	K	CAPITAL
_E	KPENDITURES OR FOR EXTRAORDINARY AND UNFORESEEN EXPENSE	sDIV	ΊΙ	ENDS_AND_
_ I <u>!</u>	NTEREST MAY BE USED TO AUGMENT CORPORATION OPERATIONS.		_	
			_	

Sche	dule	D (Fo	orm 9	90) 2	2009		AT	AW	BA	<u> </u>	ARI	<u> </u>	<u>IAO</u>	JIT	10	<u>N,</u>	I	NC	•				5	<u> -1</u>	092	94	0					P	age <b>5</b>
Sche Pa	ırt X	<u>IV</u>	Su	ppl	eme	ntal	Inf	orm	nati	on (	(cor	ıtinu	ed)																				
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### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Inspection

2009 Open To Public

Employer identification number Name of the organization CATAWBA CARE COALITION, INC. 57-1092940 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(i) Name of individual (v) Amount paid to (vi) Amount paid to (II) Activity (IV) Gross receipts raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions? col (i) Yes No Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

57-1092940

Page 2

P	art I		vents. Complete if the orga ,000 on Form 990-EZ, line				or rep	orted	1
			(a) Event #1  DAZZLE &DENIM  (event type)	(b) Event #2	(c) Other events  None  (total number)	(0	d) Total dd col (a col	throu	gh
Revenue	1	Gross receipts	36,884					36,	884
_	2	Less Charitable contributions	17,454					17,	454
	3	Gross revenue (line 1 minus line 2)	19,430					19,	430
	4	Cash prizes							
	5	Noncash prizes					.,		
ses	6	Rent/facility costs				_			
Direct Expenses	7	Food and beverages							
Direct	8	Entertainment							
	9	Other direct expenses	12,095					12,	095
	10 11	Net income summary Co	Add lines 4 through 9 in column (combine line 3, column (d), and line 1	0				12, 7,	095 <sub>)</sub> 335
P	art l		olete if the organization and on Form 990-EZ, line 6a.	swered "Yes" to Form 9	90, Part IV, line 19, or i	eported r	nore		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	1 ' '	otal gan		
Re	1	Gross revenue							
ses	2	Cash prizes							
Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs					_		
	5	Other direct expenses			0/	0/			
	6	Volunteer labor	Yes %	Yes No	% Yes No	%			
	7	Direct expense summary	Add lines 2 through 5 in column (d	))		<b>•</b>	_		)
	8	Net gaming income sumn	nary Combine line 1, column d, and	d line 7	· · · · · · · · · · · · · · · · · · ·	<u> </u>		1	<del></del>
9			e organization operates gaming acti				9a	Yes	No
a b		No," Explain	o operate gaming activities in each o	or mese states.					
10a b		ere any of the organization' Yes," Explain	s gaming licenses revoked, suspen	ded or terminated during the t	ax year?		10a		
11 12	ls t	the organization a grantor,	e gaming activities with nonmember beneficiary or trustee of a trust or a		ther entity		11		
	_	med to administer charitable	ic ganillig '		Schedule	G (Form 99		0-EZ)	2009

Schedule G (Form 990 or 990-EZ) 2009 CATAWBA CARE COALITION, INC. 57-1092940 Page    13	<ul> <li>13 Indicate the percentage of gaming activity operated in         <ul> <li>a The organization's facility</li> <li>b An outside facility</li> </ul> </li> <li>14 Provide the name and address of the person who prepares the organization's gaming/special events books and records</li> <li>Name ►</li> </ul>			Yes	No
a The organization's facility b An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records  Name  Address ▶  15a  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c if "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a is the organization required under state law to make chantable distributions from the gaming proceeds to	a The organization's facility b An outside facility  14 Provide the name and address of the person who prepares the organization's gaming/special events books and records  Name ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c if "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make chantable distributions from the gaming proceeds to					
Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Address ▶				
revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  Is the organization required under state law to make chantable distributions from the gaming proceeds to					
amount of gaming revenue retained by the third party    c If "Yes," enter name and address of the third party  Name    Address    16 Gaming manager information  Name    Gaming manager compensation    \$  Description of services provided    Director/officer    Employee    Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to	•		15a		
Address ►  16 Gaming manager information  Name ►  Gaming manager compensation ► \$  Description of services provided ►  Director/officer	amount of gaming revenue retained by the third party ▶ \$	and the			
16 Gaming manager information  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  a is the organization required under state law to make chantable distributions from the gaming proceeds to	Name ▶				
Name ►  Gaming manager compensation ► \$  Description of services provided ►  Director/officer	Address ▶				
Gaming manager compensation ▶ \$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions a is the organization required under state law to make chantable distributions from the gaming proceeds to	16 Gaming manager information				
Director/officer	Name ▶				
Director/officer Employee Independent contractor  17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to	Gaming manager compensation ▶ \$				
17 Mandatory distributions a is the organization required under state law to make chantable distributions from the gaming proceeds to	Description of services provided ▶				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Director/officer Employee Independent contractor				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	17 Mandatory distributions				
	a Is the organization required under state law to make chantable distributions from the gaming proceeds to				

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

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

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

► Attach to Form 990.

OMB No 1545-0047

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**Employer identification number** 

57-1092940

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

INC.

General Information on Grants and Assistance

CATAWBA CARE COALITION,

**2** Grants and Otner Assistance to Governments and Organizations in the Common Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (a) Name and address of organization Enter total number of other organizations or government PartII

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 CATAWBA CARE COALITION, INC.

57-1092940

8

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.	to Individuals in the	United States, Com	plete if the organiza	ition answered "Yes" to Fo	rm 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(Form 990) if additio	nal 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
MEDICAL VISITS OFF SITE	187	76,502		COST	PROVIDER INV.
MEDICATIONS	252	69,266		COST	PROVIDER INV.
INSURANCE	36	72,817		COST	PROVIDER INV.
FOOD	259	5,910		COST	PROVIDER INV.
TRANSPORTATION	192	10,449		COST	PROVIDER INV.
HOUSING	19	9,477		COST	PROVIDER INV.
OTHER	12	3,060		COST	PROVIDER INV.
Part IV Supplemental Information. Complete this part to	complete this part to p	provide the informati	on required in Part I	provide the information required in Part I, line 2, and any other additional information.	tional information.

# Part IV - Additional Information

AND TRANSPORTATION TO MEDICAL APPOINTMENTS. PAYMENTS ARE MADE DIRECTLY TO PRIOR TO SIGNING CHECKS, THE EXECUTIVE DIRECTOR REVIEWS ALL DOCUMENTATION SPECIALTY CARE, MEDICATIONS, HOUSING, INSURANCE PREMIUMS, EMERGENCY FOOD, TO ENSURE APPROPRIATE USE OF FUNDS. THE BOARD OF DIRECTORS SIGNS OFF ON CCC PROVIDES ASSISTANCE TO CLIENTS BASED ON NEED FOR EXPENSES SUCH AS SUPERVISORY APPROVAL OF ALL PAYMENT REQUESTS. THE FINANCE DEPARTMENT THE OUTSIDE SERVICE PROVIDERS RATHER THAN TO CLIENTS. CCC REQUIRES VERIFIES APPROPRIATE DOCUMENTATION IS SUBMITTED FOR EXPENDITURES. ANY PAYMENTS OVER \$2,500. Schedule I (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See sepa

► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

CATAWBA CARE COAL	1 T. T. T. C	JN, .	INC.				-103	29	40			
Part I Excess Benefit Transactions (section Complete if the organization answered "Yes" (							40b					
				•						(c) (	Correct	ed?
1 (a) Name of disqualified person	·				(D) Description	n of transaction				Yes	^	10
											-	
					<del></del>						-	
Enter the amount of tax imposed on the organization ma under section 4958	inagers	or disqua	alified person	s during the	e year		<b>▶</b> \$					
3 Enter the amount of tax, if any, on line 2, above, reimbur	sed by	the organ	nization				▶ \$	<u> </u>				
Part II Loans to and/or From Interested P Complete if the organization answered "Yes"			art IV, line 26,	or Form 99	90-EZ, Part \	/, line 38a						
(a) Name of interested person and purpose		oan to m the	(c) Origin principal am	al		ance due	(e) In a	default?	by bo	proved ard or hittee?	(g) W agreei	
	То	From					Yes	No	Yes	No	Yes	No
	_						+-		<u> </u>			
	<b>-</b>						+	-	-			
							+-				_	
					-							
						_						
Total				▶ \$								
Part III Grants or Assistance Benefitting I	nteres	sted Pe	ersons.									
Complete if the organization answered "Yes"	on Form	990, Pa	art IV, line 27									
(a) Name of interested person			(b) Relation	•	en interested pe anization	erson and the	(c) /	Amoun	t and t	ype of	assista	ance
			<u> </u>				+					
				····			+					
			<del>                                     </del>				+					
							<del>                                     </del>					
Part IV Business Transactions Involving I Complete if the organization answered "Yes"				, 28b, or 2	8c			· ···				
(a) Name of interested person			np between		nount of	(d) Desc	ription	of trans	saction			hanng
(a) realise of interested person		ested pers	son and the		saction	(2, 2300					rever	org nues?
		organiz	ation								Yes	No
											<del> </del>	
						-					-	
	<del> </del> -									_	-	-
											-	
											<del> </del>	Ь—

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

• Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CATAWBA CARE COALITION, INC.

Employer identification number 57-1092940

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 ORGANIZATION'S FORM 990 WAS PRESENTED TO ENTIRE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.

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

CATAWBA CARE COALITION (CCC) HAS A CONFLICT OF INTEREST POLICY WHICH IS

REVIEWED WITH NEW BOARD MEMBERS DURING BOARD ORIENTATION. AT THAT TIME,

BOARD MEMBERS INDICATE IN WRITING ANY CONFLICTS OF INTEREST WITH CCC.

STARTING IN 2009, CCC IMPLEMENTED A POLICY REQUIRING OFFICERS,

DIRECTORS, AND KEY EMPLOYEES TO DISCLOSE ON AN ANNUAL BASIS ANY POTENTIAL

CONFLICTS OF INTEREST.

Form 990, Part VI, Line 15a - Compensation Process for Top Official CCC HIRED AN INDEPENDENT HUMAN RESOURCES CONSULTANT TO CONDUCT A SALARY SURVEY IN 2008. FROM THIS SURVEY AND RECOMMENDATIONS FROM THE CONSULTANT, CCC'S BOARD OF DIRECTORS IMPLEMENTED SALARY RANGES FOR ALL POSITIONS, INCLUDING THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation CATAWBA CARE COALITION PROVIDES COPIES OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.

Schedule O - Additional Information

SCHEDULE L PART IV: THOMAS ROWE, AN OFFICER OF CATAWBA CARE COALITION, ALSO SERVES ON THE BOARD OF THE SPRINGS CLOSE FOUNDATION, ONE OF CCC'S

Schedule O (Form 990) 2009

Name of the organization
CATAWBA CARE COALITION, INC.

Page 2

Employer identification number 57–1092940

FUNDERS.

2940 CATAWBA CARE COALITION, INC. 4/11/2010 5:02 PM **Federal Statements** 57-1092940 FYE: 12/31/2009 **Tax-Exempt Interest on Investments** Exclusion Postal Acquired after Unrelated Business Code Description Amount Code Code 14 4,406 INTEREST INCOME 4,406 Total **Tax-Exempt Dividends from Securities** Exclusion Postal Acquired after Unrelated 6/30/75 Description Amount Business Code Code Code \_ DIVIDENDS AND INTEREST 9,529 14 9,529 Total

1,		
4/11/2010 5:02 PM	Fund Raising \$ 342 60 60 56 56 56 56 56 56 56 56 56 56 56 56 56	
	Management & General \$ 3,472 555 1,967 128 \$ \$ 6,258	
atements	# Program Service \$ 11,949 6,285 2,971 3,500 1,675 1,451 \$ 27,831	
Federal Statements	Form 990, Part IX, Line 24f - All Other Expenses  Total Expenses  \$ 15,763 \$ 11,949 6,285 6,285 6,900	
2940 CATAWBA CARE COALITION, INC. 57-1092940 FYE: 12/31/2009	Description COMPUTER CONSULTANTS JANITORIAL SERVICES MISCELLANEOUS NUTRITION SERVICES PRINTING EQUIPMENT MAINTENANCE BONATIONS Total	

Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions.

Attach to your tax return.

Name	e(s) shown on return  CATAWBA	CARE COAL	LITION, IN	IC.			.		fying n -109	umber 92940
Busir	ess or activity to which this form relates									
<u> I</u>	<u>ndirect Depreciati</u>	.on								
Pa	art I Election To Expens	se Certain Prop	erty Under Sec	ction 1	79					
	Note: If you have a	iny listed proper	ty, complete Pa	<u>art V b</u>	efore you	com	<u>plete Pa</u>	rt I.	_	
1	Maximum amount See the instruct	ions for a higher limit	for certain business	ses					1	250,000
2	Total cost of section 179 property p	laced in service (see	instructions)						2	
3	Threshold cost of section 179 proper	erty before reduction	in limitation (see ins	struction	ıs)				3	800,000
4	Reduction in limitation Subtract line	3 from line 2 If zero	or less, enter -0-						4	
5_	Dollar limitation for tax year Subtract line	e 4 from line 1 If zero or	less, enter -0- If man	ned filing	separately, see	e instru	ctions		5	
6_	(a) Description	of property		(b) Cos	t (business use	only)	(c) E	lected cos	t	
		<u>-</u>								
							_			
7	Listed property Enter the amount fi	om line 29				7	_			]
8	Total elected cost of section 179 pro	operty Add amounts	ın column (c), lines	6 and 7	7				8	
9	Tentative deduction Enter the sma	•							9	
10	Carryover of disallowed deduction f		008 Form 4562						10	
11	Business income limitation Enter th	-		lhan zer	o) or line 5 (s	ee ins	tructions)		11	
12	Section 179 expense deduction Ad		•		•	000	4007		12	
13	Carryover of disallowed deduction t	·			, ▶ 1	13	·		<u> </u>	
	: Do not use Part II or Part III below f						1			<u> </u>
	art II Special Depreciation	<del></del>		ciatio	n (Do not	inch	ide lister	nroner	tv ) (	See instr )
14	Special depreciation allowance for			_			ide iistee	proper	1	
1-7	during the tax year (see instructions		iet tilali listed prope	city) pia	ced in service	5			14	
15	• • •	•							15	
	Property subject to section 168(f)(1								16	25,234
16 D	Other depreciation (including ACRS art III MACRS Depreciation		do listed propo	-tv \ / (	Soo instru	otion	- 1		10	25,254
Г	art III MACRS Depreciati	on (Do not men	<u>de listed prope</u> Secti		see msuu	CUOII	<u> </u>			
47	MACRO de deservo for a contra plan	-d 4							147	0
17 40	MACRS deductions for assets place	· ·							17	
18	If you are electing to group any assets plants	aced in service during th Assets Placed in Se							etom	
	Section B-/	(b) Month and year	(c) Basis for depre		T -	Gene	rai Depie	nation 3y	Stelli	
	(a) Classification of property	placed in service	(business/investme only-see instruct	ent use	(d) Recovery period	(e) (	Convention	(f) Met	hod	(g) Depreciation deduction
<u>19a</u>	3-year property				ļ					
b	5-year property									
С	7-year property									
ď	10-year property									
е	15-year property	1								
f	20-year property									
g	25-year property				25 yrs			S/L		
h	Residential rental			_	27 5 yrs		MM	S/L		
	property				27 5 угѕ		MM	S/L		
i	Nonresidential real				39 yrs		MM	S/L		
	property						мм	S/L		
	Section C—As	sets Placed in Serv	rice During 2009 T	ax Yea	Using the A	lterna	tive Depre	ciation S	System	 1
20a	Class life							S/L		
	12-year				12 yrs			S/L		
	40-year				40 yrs		ММ	S/L		
	art IV Summary (See inst	ructions.)	<u> </u>		,		·			
21	Listed property Enter amount from		<del></del>						21	
22	Total. Add amounts from line 12, lin		es 19 and 20 in coli	umn (a)	, and line 21	Enter	here			
	and on the appropriate lines of your	<del>-</del>		_					22	25,234
23	For assets shown above and placed				[					==,===
	portion of the basis attributable to se	_	- 13 your, onto			23_				
	FELLON OF THE DESIGNATION CONTRACTOR OF									·