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Form

Department of the Treasury Internal Revenue Service

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

2009 Open to Public

OMB No 1545-0047

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<u>A</u>	For the 20	09 calendar ye	ear, or tax year			, and endin						
	Check if applic		C Name of or	ganization East	ern NC (Christian N	1en's			D	Employ	er identification number
X	Address chang	use IRS label or		Fell	owship,	Inc.						
	ن Name change	print or	Doing Busi	ness As							58-:	1448395
\Box	Initial return	type.	Number an	nd street (or PO box if ma	ail is not delivered	to street address)			Room/suite	E		ne number
	ınıllar retum	See	193 (Gibson Road	i						<u> 252</u>	-264-5484
	Termination	Specific Instruc-	City or to	wn, state or country,	and ZIP + 4					G	Gross receip	ts \$ 51,072
	Amended retu	m tions.	Herti	ford		NC 27944						
	Application pe	ndina F Name	e and address	s of principal officer						н	(a) Is this a	group return for
السما	, pp.,		a K Fu	ırrow							affiliates	
		19	3 Gibs	son Road						ļH	(b) Are all a included	
		He	rtford	i		NC 27944					If "No," a	attach a list (see instructions)
ı	Tax-exemp	status X	501(c) (3) ◀ (insert	no) 4	947(a)(1) or	527					
J	Website:								_	Н	(c) Group e	xemption number
		zation X Cor	rporation	Trust Association	on Other	>		L	Year of format	ion 19	81	M State of legal domicile NC
	art I	Summar						•				
				tion's mission or m	ost significan	nt activities						
•	s	ee Sched	dule 0		-							
Š												
.i.a												
Ver	2 Che	ak thia hay	، مطفيا	organization disco	ntinuad ita an	arations or dispos	ad of mar	than 250/	/ of the most	aaaata		
Activities & Governance	ı			of the governing bo			sea of more	s triair 25 /	o or its riet	assets	3	
• ბ	I .	_				· · · · · · · · · · · · · · · · · · ·	L)				4	
ij	I			ng members of the	governing bo	ody (Part VI, line i	נט				_	
.≩				Part V, line 2a)							5	·-·
¥	r		•	estimate if necessa		10) 1 10					6	
_			-	ss revenue from P							7a	
8	b Net	unrelated bus	siness taxab	ole income from Fo	orm 990-1, lin	ie 34				rior Year	7b	Current Year
7	8 Con	tributions and	d grants (Pa	int VIII, line 1h)	ED 7		-	·		IIVI I Çai	-	50,935
e ±5	9 Pro	arom convico	revenue (P:	art VIII; line 2g)	J							30,755
NQV.9.3 2010	10 Inve	etment incom	ne (Part VIII	, column (A), lines	Him and His	ı						137
S _s				mn (A), lines 5, 60								
Ž				mough lit must e			10)					51,072
				paid (Part IX, colur	77		12)					113,925
SCANNED Expenses						1-3)						113,923
ş				ers (Part IX, colum		-l /A\ l 7	40)				+	
				n, employee benefi		olumn (A), lines 5-	-10)					
	1		•	(Part IX, column (-	
O N C	l			Part IX, column (D								34
_		. ,	•	umn (A), lines 11a	•	,						
				17 (must equal F		n (A), iine 25)						113,959
<u> </u>	19 Rev	enue less exp	penses Sub	otract line 18 from	line 12		,		Poginara	g of Curren	+ Vaar	-62,887 End of Year
ets c	20 Tota	ıl assets (Par	d V. lino 16)						Deginning		,744	32,857
t Assets or d Balances	20 Total	il liabilities (Pa									, , 3 3	32,031
n Set	ŀ	,	•	Subtract line 21 fr	om lina 20					95	,744	32,857
<u>_</u> _	art II	Signatur		Subtract line 21 ir	on line 20		,		l		, , , , ,	32,031
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				t, and complete Dec								
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Hei			W//*	Sara								
1161			re of officer a K Fu	irrow				Treas	uror		Date	
			print name ar					ITEGS	urer			
		y Type of	print name ar	id title								Preparer's identifying number
Pai	d	Preparer's		F-P M	_	CON		Date		Check if self-	ָ רַ־ח	(see instructions)
-	parer's	signature	<u> </u>		repor			10/1	4/10	employed		P00224839
	e Only	Firm's name	(or yours	GREGÓRY			CPAS,	P.C.			EIN 🕨	
UST	Ciny	ıf self-employ	yed),	1082 Ha	_						Phone	
		address, and	1 ZIP + 4	Hertford	d, NC	27944			_		no 🕨	<u>252-426-9200</u>
May	the IRS d	scuss this ref	turn with the	e preparer shown a	above? (see i	nstructions)						X Yes No
For DAA		ct and Paper	rwork Redu	iction Act Notice	, see the sep	arate instruction	ıs.					Form 990 (2009)
DAM												

4d	Other program services (Describe in Sc	hedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses ▶	113,959		
				Form 990 (2009)

Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 X 2 Is the organization required to complete Schedule B. Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X 4 Schedule C, Part II 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 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," X complete Schedule D. Part I 6 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D. Part III 8 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," X complete Schedule D. Part IV 9 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, X VII, VIII, IX, or X as applicable 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 169 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 167 If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete $\overline{\mathbf{x}}$ 12 Schedule D, Parts XI, XII, and XIII 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No X 12A If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F. 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 X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services X on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

19

20

X

X

20

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		,	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
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			37
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			v
20	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			х
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	_35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			v
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	\vdash	<u> </u>
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,	27		х
38	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11 and	37		
JU	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	38		X
	10 Note: All 1 offit 300 meta are required to complete outleduic O	<u> </u>		

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	E tentre contra contra De O (E door A			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4.			
	U.S. Information Returns. Enter -0- if not applicable	1a 1b			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report gaming (gambling) winnings to prize winners?	able	1c		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	I			-45
24	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			t	
	Instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,			
	this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal		1	
	account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban	k			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng	_		
٥-	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6a		x
b	organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions of	nr.	Ua_		- 12
U	gifts were not tax deductible?	J1	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	•	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal			
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		/ !!		
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	1			
а	Gross income from members or shareholders	11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	[[12a		· · · · ·
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	i	1	l

Form 990 (2009) Eastern NC Christian Men's

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in
	Schedule O. See instructions.

	Schedule O. See instructions.						
Sec	ction A. Governing Body and Management						
				_		Yeş	No
1a	Enter the number of voting members of the governing body	1	a	_			
b	Enter the number of voting members that are independent	1	b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				[
	supervision of officers, directors or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	1?			4		X
5	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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members						
	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						
	the year by the following				ĺ		
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						
	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	terr	ıal				
<u>₹ev</u>	venue Code.)						
						Yes	No
0a	Does the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with those of the organization?				10b		
1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the						
	form?				11		X
1a	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
2a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?				12b		
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		
3	Does the organization have a written whistleblower policy?				13		X
4	Does the organization have a written document retention and destruction policy?				14		X
5	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?						
а	The organization's CEO, Executive Director, or top management official				15a		X

with a taxable entity during the year?

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?

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

section	C. L)ISC	los	ure

17	List the states with which	a copy of this	Form 990 is required	I to be filed ►	None
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If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website | Another's website | Upon request

Other officers or key employees of the organization

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization >

16a

15b

16a

16b

X

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

Check this box if the organization (A)	(B)		,	((C)			(D)	(E)	(F)
Name and Title	Average hours per			chec	k ali t	hat ap		Reportable	Reportable	Estimated
	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
					1					

Part '	VII Section A. Officers (A)	, Directors, Trus	tees	, Ke		nplo C)	yees	, an	d Highest Compensated E (D)	Employees (continued) (E)		(F)	•
	Name and Title	Average hours per week				k all t	hat ap	Former	Reportable compensation from	Reportable compensation from related		stimated mount of other	
			Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensation from the ganization nd related janizations	
													_
							_				<u> </u>		
											- "		
					-								
2 To	otal otal number of individuals (inc			_	ose I	isted	l abo	▶ ve) v	who received more than \$1	00,000 in			
	portable compensation from t			0								Yes	No
er 4 Fo	d the organization list any for mployee on line 1a? If "Yes," or or any individual listed on line e organization and related org	complete Schedu 1a, is the sum of	le J f	or su ortab	uch ii le co	ndıvı mpe	dual insati	on a	and other compensation from	m uch		3	х
ine 5 Di	dividual id any person listed on line 1a ervices rendered to the organi	receive or accru	е со	mpe	nsatı	on fr	om a	iny ι	unrelated organization for			5	x
Section 1 Co	n B. Independent Contractor omplete this table for your five	ors e highest compen								n \$100,000 of		<u> </u>	
cc	empensation from the organiz Name and	ation (A) business address							Descrip	(B) tion of services		(C) Compens	ation
							_						
		····-						-					
													_
	otal number of independent co ore than \$100,000 in compen		-				to th	ose	listed above) who received			0	
DAA												Form 99	0 (2009)

Pa	rt V	III Staten	nent of Reve	nue						
		•					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
				Г				revenue		512, 513, or 514
nts	1a	Federated can		<u>1a</u>						
gra	b	Membership d		1b						
ts, arr	С	Fundraising ev	vents	1c						
igi.	d	Related organi	ızatıons	1d						
ns, iin,	е	Government grants	(contributions)	1e						
er s	f	All other contribution								
5		and similar amounts	not included above	1f_		50,935				
nat	g	Noncash contribution	ns included in lines 1a-	1f :	\$					
<u>ن ه</u>	h	Total. Add line	es 1a-1f			•	50,935			
Program Service Revenue Contributions, gifts, grants and other similar amounts						Busn Code				
ven	2a									
Re .	b									
Š	С									
Ser	d									
аш	е									
g	f	All other progra	am service reven	nue						
<u>a</u>	g	Total. Add line	s 2a-2f	_		•				
	3	Investment inc	ome (including d	lividenc	ls, interes	t, and				
		other similar ai	mounts)			•	137	137		
	4					oceeds 🕨				
	5	Royalties				•				
			(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			•				
	7a	7a Gross amount from sales of assets (II) Securities (II)			Other					
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (los	ss)			•				
•	8a	Gross income fro	om fundraising ever	nts						
Other Revenue		(not including \$								
eve		of contributions r	eported on line 1c)							
r.R		See Part IV, line	18	а						
the	b	Less direct ex	penses	b						
O	C	Net income or	(loss) from fundr	aising	events	•				
	9a	Gross income fro	om gaming activities	s						
		See Part IV, line	19	а						
	b	Less direct ex	penses	b						
	С	Net income or	(loss) from gami	ng acti	<u>vities</u>	•				
	10a	Gross sales of	inventory, less							
		returns and alle	owances	а						
	b	Less cost of g	oods sold	b						
	С	Net income or	(loss) from sales	of inve	entory					
		Misc	ellaneous Revenue			Busn. Code				
	11a									<u></u>
	b									
	С									
	d	All other reven	ue							
	е	Total. Add line	s 11a-11d			>				
	12	Total Revenue	e. See instruction	าร		<u> </u>	51,072	137	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		(4)	(D)		(2)
Do	not include amounts reported on lines 6b,	(A) . Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses.
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	113,925	113,925		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				_
	Compensation of current officers, directors,		 	· · · · · · · · · · · · · · · · · · ·	_
5	,				
^	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		•		
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting			- m	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	·-· ·- ·			
g	Other				
12	Advertising and promotion	2.4	24		·
13	Office expenses	34	34		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		 		<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22 22	Depreciation, depletion, and amortization				
23	Insurance				
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)				
а	3 % of total expenses shown on line 23 below)				
b				-	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	113,959	113,959		
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

		Salance Sheet		(A)		(B)
		•		Beginning of year		End of year
- 1	1	Cash—non-interest bearing		95,744	1	
	2 .	Savings and temporary cash investments			2	33,639
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, to	rustees, key	,		
		employees, and highest compensated employees. Comp				
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined a	under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(1)				
		Part II of Schedule L	-, r		6	
sts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
- 1.		Land, buildings, and equipment cost or				
1		other basis Complete Part VI of Schedule D	10a			
	b	Less. accumulated depreciation	10b		10c	
		Investments—publicly traded securities			11	
ı	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	١	95,744		32,857
	17	Accounts payable and accrued expenses	I .	337,744	17	32,007
1	18	Grants payable			18	
- 1	19	Deferred revenue			19	
- 1	20	Tax-exempt bond liabilities			20	
- 1	20 21	Escrow or custodial account liability Complete Part IV of	Schodulo D		21	
: E:		Payables to current and former officers, directors, trustee	•		21	
Liabilities	~~	employees, highest compensated employees, and disqua	•			
ia		persons Complete Part II of Schedule L	ameu		22	
	22	•	nation		23	
- 1	23 24	Secured mortgages and notes payable to unrelated third			24	
		Unsecured notes and loans payable to unrelated third pa Other liabilities Complete Part X of Schedule D	rues		25	
	25 26				26	
$\overline{}$		Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶	X and		20	
ĕ		complete lines 27 through 29, and lines 33 and 34.	aliu			
ğ,	27			95,744	27	32,857
σ	27 29	Unrestricted net assets		33,144		32,031
#J:	28 20	Temporarily restricted net assets			28	· · · · · · · · · · · · · · · · · · ·
<u> </u>	29	Permanently restricted net assets	. []		29	
ᄄ		Organizations that do not follow SFAS 117, check her	e ▶			
ō	20	and complete lines 30 through 34.			,,	
ets	30	Capital stock or trust principal, or current funds	f	-	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment			31	
3 ک	32	Retained earnings, endowment, accumulated income, or	other funds	05 744	32	30 057
⊸ ।	33	Total net assets or fund balances		95,744		32,857
	<u>34</u>	Total liabilities and net assets/fund balances		95,744	34	32,857

Form **990** (2009)

orm	1990 (2009) Eastern NC Christian Men's 58-1448395		Pag	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O		٠	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	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		
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_		

Form **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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Eastern NC Christian Men's Fellowship, Inc.

Employer identification number 58-1448395

P	a <u>rt l</u>	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	truction	ons		
Γhe	orgai	nization is not	a private foundation because	et is (For lines 1 through 11, che	eck only o	ne box)					<u> </u>		
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(ı).						
2			cribed in section 170(b)(1)(A				•••						
3	П			e organization described in secti	ion 170(b))(1)(A)(iii))_						
4				in conjunction with a hospital de)(A)(iii).	Enter th	e hospi	ıtal's name.		
		city, and state		,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,		
5		•		f a college or university owned or	operated	by a gove	ernment	al unit de	scribed	ın			
			b)(1)(A)(iv). (Complete Part		0,000	J, 2 30.							
6				vernmental unit described in sec	tion 170/	h)/1)/Δ)/\	۸						
7	X			ubstantial part of its support from				n the ne	neral nu	blic			
Ť			section 170(b)(1)(A)(vi). (Co		ru govenn	incinal ai	01 1101	ii iiic gc	ilerai po	DIIC			
8		•	<u>~</u>	70(b)(1)(A)(vi). (Complete Part II	·				•				
9	Ħ) more than 33 1/3 % of its suppo		ntribution	s memb	ershin fa	es and	Inrose			
•				ot functions—subject to certain e				•		•			
			•	d unrelated business taxable inco	-					110			
			~	, 1975 See section 509(a)(2).	•			om boo	100000				
10		-		xclusively to test for public safety	•	•	a)///						
11	H	-	- ·	xclusively for the benefit of, to pe		•		carry or	it the				
	ш			d organizations described in sec				-		tion			
				e type of supporting organization						•			
		a Type		c Type III–Functions		•	d		e III–Oti	ner			
е				inization is not controlled directly	, ,								
				and other than one or more public						tion			
			section 509(a)(2)	•	,	J							
f				mination from the IRS that it is a	Type I, Ty	pe II, or 1	Type III s	upportin	ıq				
			check this box			•	,,	••	•				
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							
_		following per	sons?			-							
		(i) A persor	who directly or indirectly coi	ntrols, either alone or together wi	th persons	s describe	ed in (ii)					Yes	No
			below, the governing body of		·						11g(i)		
			member of a person describe	• • •							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(III)		
h		Provide the f	ollowing information about the	e supported organization(s)									•
(i)	Name	of supported	(II) EIN	(III) Type of organization	(IV) Is the d	organization	(v) Did y	ou notify	(vi)	s the	(VII) Am	ount of	
	org	anızatıon		(described on lines 1–9		sted in your		nization in of your	organizat		supp	ort	
				above or IRC section (see instructions))	governing	document?		or your	(i) organi U S				
					Yes	No	Yes	No	Yes	No			
						1.	1						
								ļ .					
											i	•	
						-			ļ <u> —</u>				
_		-			<u> </u>					.			
			1	1	1	1	ı	ı	ı	ı .	I		

ch	edule A (Form 990 or 990-EZ) 2009 Eas	tern NC C	Christian	Men's	58	-1448395	Page 2
	art II Support Schedule for Or						
	(Complete only if you che	cked the box	<u>on line 5, 7, or</u>	8 of Part I.)	<u> </u>		
	ction A. Public Support						•
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					50,935	, 50,935
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					50,935	50,935
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						50,935
ec	ction B. Total Support				_		
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					50,935	50,935
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	_					
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		-	-			
1	Total support. Add lines 7 through 10					<u> </u>	50,935
2	Gross receipts from related activities, etc. (s	•				12	137
3	First five years. If the Form 990 is for the o	rganization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)((3)	
-	organization, check this box and stop here	anort Porconto					
	ction C. Computation of Public Sup						
4	Public support percentage for 2009 (line 6,	` '	•	(†))		14	100.00%
5	Public support percentage from 2008 Scheo					15	%_
6a	33 1/3 % support test—2009. If the organization			s, and line 14 is 33	1/3 % or more, che	eck this box	⊾ ⊽
	and stop here. The organization qualifies a		•	40 :=	00.440.64		▶ <u>X</u>
b	33 1/3 % support test—2008. If the organization and the base The approximation and the same test and t				is 33 1/3 % or more	e, cneck this	_
7-	box and stop here. The organization qualifi	• •			a. 40h a4 b 4 4	10 100/ or	>

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

18

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

<u>~</u>	(Complete only if you che	ecked the box	on line 9 of Pa	π)			
	tion A. Public Support					1	·
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				•		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		<u> </u>	1	· · · · · · · · · · · · · · · · · · ·		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			<u> </u>		·	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			-			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			<u> </u>			<u> </u>
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	▶ [
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2009 (line 8,	column (f) divided i	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Sched	dule A, Part III, line	15			16	%
Sec	tion D. Computation of Investmer	it Income Perc	entage				
17	Investment income percentage for 2009 (lin	e 10c, column (f) d	livided by line 13, o	column (f))		17	%
18	Investment income percentage from 2008 S	Schedule A, Part III	, line 17			18	%
19a	33 1/3 % support tests—2009. If the organ	nization did not che	ck the box on line	14, and line 15 is m	ore than 33 1/3 %	and line	
	17 is not more than 33 1/3 %, check this bo						▶ [
b	33 1/3 % support tests—2008. If the organ	nzation did not che	ck a box on line 14	or line 19a, and lin	ne 16 is more than	33 1/3 %, and	_
	line 18 is not more than 33 1/3 %, check thi	s box and stop he	re. The organizatio	n qualifies as a pul	olicly supported org	ganization	▶ [
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box a	and see instructions	s	▶

Page 4

Schedule A (Form 990 or 990-EZ) 2009 Eastern NC Christian Men's 58-1448395

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

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SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

OMB No 1545-0047 ·

Open to Public Inspection 2009

Department of the Treasury Internal Revenue Service			► Attach to Form 990.	90.			Open to Public Inspection
Name of the organization Eastern NC Christi	Christian Men's Inc.				Employer identification	Employer identification number 58-1448395	
	nd Assistance						
 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	e the amount of the garance?	grants or ass grant funds	sistance, the grantees' in the United States	eligibility for the grants	or assistance, and		Yes X No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered"Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	Sovernments ar / recipient that r 90) if additional	nd Organizations eceived more tha space is needed	izations in the Ur nore than \$5,000 needed	nited States. Com . Check this box i	plete if the orga f no one recipie	anization ans ent received i	wered"Yes" to nore than \$5,000. Use
 (a) Name and address of organization or government 	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Two Rivers COC							Assist start up chur
New Bern NC		3	89,925				•
Rehoboth COC		~	000 80				Assist start up chur
					-		
2 Enter total number of section 501(c)(3) and government organizations	nt organizations					•	

Schedule I (Form 990) 2009

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

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Schedule I (Schedule I (Form 990) 2009 Eastern NC Christian Men's	Christian Men		58-1448395		Page 2
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	e United States. Con	nplete if the organiza	tion answered"Yes" to For	l .
	Use Part IV and Schedule I-1 (Form 990) If additional space is needed	(Form 990) if addition	onal space is neede			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
						-
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informati	on required in Part I,	line 2, and any other addi	tional information.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

Eastern NC Christian Men's

Employer identification number 58-1448395

Fellowship, Inc. 58-1448395

Form 990 - Organization's Mission or Most Significant Activities

To establish and assist new congregations of the Churches of Christ,

primarily in eastern North Carolina.

To encourage volunteer fellowship and understanding among Christian men of Eastern North Carolina.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public