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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

Α	For the	e 2009 calen	<u>dar year</u>	, or tax year beginning	, and ending					
В		f applicable	Please use IRS	C Name of organization					D E	Employer identification number
-	Address Name c	change	label or	Cabarrus 4-H Founda	ation, Inc	•				58-1775850
H	Initial re	-	print or type.	Number and street (or P O box, if mail is not				Room/suite		Felephone number
H	Termina		See	PO Box 387	delivered to street du	aress,		Roomsalle		704-920-3310
		ed return	Specific Instruc-	City or town, state or country, and ZIP + 4						Group Exemption
\sqcap	Applicat	ion pending	tions.	Concord	NC 280	026-0	387			Number •
) organi	izations and 4947(a)(1) nonexempt char			i	G Accounting		
				mpleted Schedule A (Form 990 or 990-E			ļ	Other (specify)	_	
l		te: 🕨 N						H Check ▶	attach	f the organization is not
<u>J</u>		empt status (c					527			Schedule B (Form 990, F)
K	Check			rganization is not a section 509(a)(3) supp			-	· ·	-	·
				eturn is not required, but if the organization						
<u>L</u>	art I			9 to determine gross receipts, if \$500,000 or mo						\$ 157,969
50 00				cpenses, and Changes in Net A	ssets or runa	Balanc	es (S	ee me msu		
\lesssim	1			nts, and similar amounts received						10,039
6	3	_		renue including government fees and con nd assessments	tracts					3
=	4	Investment		nd assessments						2,607
\mathcal{C}				and of counts other than inventory		احما		145,32		2,607
	5a			sale of assets other than inventory		5a 5b		201,96		
	b			pasis and sales expenses of assets other than inventory (Subtract line 5b	from Iron En)		300	Stmt 1		-56,642
SCANNED Revenue	6			vities (complete applicable parts of Schedule G)	· ·				1	-56,642
CANN	a	•		, , ,, ,, ,	of contributions	ıı garıllığ	, CHECK II	leie		
Seven Seven	"	reported on		miclaumy \$	or contributions	ادءا				
S E	ь		,	es other than fundraising expenses		6a 6b	 -		\dashv	
-			•	- •	act line 6h from line				\dashv ,	
	, c) from special events and activities (Subtr ntory, less returns and allowances	act line ob from line	1 _ 1				ic
	7a	Less cost of				7a 7b			\dashv	
	b		•) from sales of inventory (Subtract line 7b	from line 7a)	[70]	· · · · · · · · · · · · · · · · · · ·		┥,	
	8	Other reven		• •	nom me raj					3
	9		•	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	-				′ -	-43,996
	10			mounts paid (attach schedule)	Sta	mt 2	·		-	0 15,240
	11	Benefits par		· · ·					_	1
	12	•		pensation, and employee benefits	RECE	IVED				2
penses	13			nd other payments to independent contract	ì		į		1	
beu	14			lities, and maintenance	ω		၂ ပွ			4
Ä	15	_		s, postage, and shipping	8 NOV 1 9	7 2010	IRS-0			5
	16			scribe > See Statement 3	ġ		<u> </u>) 1	0 605
	17			d lines 10 through 16	OGDE	N. U1			1	40.054
	18			or the year (Subtract line 17 from line 9)					1	8 -63,047
Net Assets	19		•	valances at beginning of year (from line 27	, column (A)) (mus	st agree v	with			
Ass		end-of-year	figure re	ported on prior year's return)		•			1	9 289,564
<u>ē</u>	20	Other chang	ges in ne	t assets or fund balances (attach explana	ition)				2	
	21	Net assets	or fund b	alances at end of year Combine lines 18	through 20		_	•	2	1 226,517
F	art II	Balan	ce She	ets. If Total assets on line 25, column (I	B) are \$1,250,000 (or more,	file Forr	n 990 instead o	of For	
				(See the instructions for Part II)			(A) B	leginning of year		(B) End of year
22	Cash, s	savings, and	ınvestme	ents		L		289,56	4 2	2 226,517
23	Land a	nd buildings				L			2	3
24	Other a	assets (descr	ibe 🕨) <u></u>			2	
25	Total a	ssets						289,56	4 2	5 226,517
		abilities (des)			0 2	
<u>27</u>	Net as:	sets or fund	balance	s (line 27 of column (B) must agree with	line 21)			289,56	4 2	
For	Privac	y Act and Pa	perwork	Reduction Act Notice, see the separate	e instructions.			00		Form 990-EZ (2009)
DAA	A							99	-18) .

Form 990-EZ (2009) Cabarrus	: 4-H Foundation,	Inc. 58	<u>-1775850</u>			Page 2
Part III Statement of Prog	ram Service Accomplishme	nts (See the instruc	tions for Part I	II.)	Ex	penses
What is the organization's primary exem	pt purpose?				(Required	for section
SUPPORT EDUCATION IN CABARRU	s county				501(c)(3)	and 501(c)(4)
Describe what was achieved in carrying					-	ons and section
manner, describe the services provided	the number of persons benefited, or	other relevant information	for		4947(a)(1)	trusts, optional
each program title					for others)
28 See Statement 4						
15.040				۲		45 040
) If this amount includes foreign gra	ints, check here	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	28a	<u> 15,240</u>
29						
(Grants §) If the come of a chalan fermion are	ente abook boro	_	<u></u>	29a	
30) If this amount includes foreign gra	ints, check here		L_ L_	254	
30						
(Grants \$) If this amount includes foreign gra	ints check here	•	Ш	30a	
31 Other program services (attach sche		into, chock nord	<u> </u>			 , .
, ,) If this amount includes foreign gra	ints, check here	>	\Box	31a	
32 Total program service expenses (a				•	32	15,240
Part IV List of Officers, Directo	ors, Trustees, and Key Employees.	List each one even if not o	compensated (Sec	e the	instructions fo	or Part IV)
(-) N		(b) Title and average hours per week	(c) Compensation (if not paid,		Contributions to eyee benefit plans &	(e) Expense account and
(a) Nan	ne and address	devoted to position	enter -0-)		red compensation	other allowances
PHILIP & LYNNE MCAULEY	Concord	DIRECTOR				
204 Colonial Ave.	NC 28025		0	L.	0	0
JUDY FURR	Harrisburg	DIRECTOR				
6055 Roberta Rd.	NC 28075	 	0		0	0
JO ANN LOWDER	Midland	DIRECTOR				
10320 Flowe Store Rd.	NC 28107		0	_	0	0
KELLY BROCK	Locust	DIRECTOR				
303 Locust Ave. W	NC 28097		0	 	0	0
KRISTINA T. COOK	Kannapolis	DIRECTOR			•	
302 Caldwell St. JEFF GETZ	NC 28025 Charlotte	DIRECTOR	0		0	0
10209 Patrick Henry Ln.	NC 28277	DIRECTOR	0		0	0
AUBREY HAIGLER	Midland	DIRECTOR		 		<u> </u>
10329 Flowe Store Rd.	NC 28107	321201011	o		o	o
CARY HOCUTT	Concord	DIRECTOR				
24 Spring St. NW	NC 28025		. 0		0	0
JOHN LEWIS	Concord	DIRECTOR				
20 Cabarrus Ave.	NC 28025		0		0	0
		•				
		····		ļ		
		 		 		
						
				L_		
		1		l		

3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		_			
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ [43			
				 Yes	No	
				 		•

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

X

Form 990-EZ (2009)

Form !	990-EZ (2009) (Cabarru	s 4-H	<u>Foundat</u>	ion, In	ic.	58	3-1 <u>775850</u>			Page 4
Par	t VI Section	1 501(c)(3)	organizat	tions and s	ection 494	7(a)(1)	nonexemp	t charitable t	rusts only. All	section	
									t answer quest		1 9b
		mplete the							4		
46	Did the organization					es on he	half of or in on	position to		Ye	s No
	candidates for publi			•						46	X
	Did the organization		•			edule C	Part II			47	$\frac{x}{x}$
					· ·			Cabadula E			$\frac{\mathbf{x}}{\mathbf{x}}$
	Is the organization of	-					•	: Scriedule E		48	X
	Did the organization					ed organ	nization /			49a	 ^
	If "Yes," was the rel	-		_						49b	
	Complete this table	-			•	•			•		
	employees) who ea				pensation from		Title and average			(a) Eva	
	(a) Na	me and address	s of each emple n \$100,000	oyee paid more		(0)	hours per week	(c) Compensation	employee benefit plans 8	(e) Expe	
		uiai	1 4 100,000				evoted to position		deferred compensation	other allow	wances
None											
	<u></u>									ļ 	
											
											
											
								<u> </u>	1		
f	Total number of oth	er employees	paid over \$	100,000			>				
51	Complete this table	for the organi	zation's five	highest comp	ensated indepe	endent c	ontractors who	each received m	ore than		
	\$100,000 of compe	_		-	· ·						
	•		•		·						
	(a) Name and add	dress of each in	dependent con	tractor paid moi	e than \$100,000		(b)	Type of service	(c) C	ompensation	<u> </u>
Non	e										
										- 	
						-				··	
	Total number of oth	or independe	nt contractor	s anch recent	ng over \$100 C	200				·	
u	Total number of oth	iei ilidependei	iii contractor	s each receivi	ing over \$100,0	000					
		-14	1 46-4 1								
									and to the best of my preparer has any kno		
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		MINU		M				Data III	15/10		
Here	Sugna	ture of officer	G Bo	ct Ad	uicar-			Date	}		
	Type	or print name an	d title	>1 / W	1 1 2 V				 	-	
	у туре с	· (N				. –	Date	Chook of	Drop grade idea	liferna Niverbaa	(Caata.)
	Preparer's	N CP	100/	UL G	\mathcal{I}	1		Check if self-	Preparer's iden		
Paid	signature	/ dac	<u> 201001</u>	Melle	$U/UP \star$	<u>t </u>	11/12	2/10 employed I	<u>>U17006</u>	5837	6
Prep	arer's Firm's nam	e (or yours	Gordo	n, Keet	er & Co	•			EIN ►		
Use (Only If self-empi	oyed),		Box 969					Phone		
	address, ar	-	Conco		28026					-786-	0171
May th	he IRS discuss this								>	Yes	No
					- · · _ ·				Fr	m 990-E	
										- -	、

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 58-1775850 Cabarrus 4-H Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated Type II | X | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vii) Amount of (i) Name of supported (iii) Type of organization (rv) Is the organization (v) Did you notify (vi) Is the the organization in organization organization in col (described on lines 1-9 in col. (i) listed in your support col (i) of your (i) organized in the above or IRC section governing document? support? (see instructions)) Yes No Yes Yes 4-H CLUBS OPERATED BY NC COOPERATIVE EXTENSION-CABARRUS 6 X X X 15,240

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

Schedule A (Form 990 or 990-EZ) 2009

	art II Support Schedule for O					170/b\/1\/A\/w	Page 2
1.0	(Complete only if you che				יאָ ואָראַאָנוע) and	170(D)(1)(A)(V	· <i>)</i>
Sec	tion A. Public Support	CORCO THE DOX	<u> </u>	our arri			
_	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")						
	•		1				
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		<u> </u>				
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						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			,,,,			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
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						
2	Gross receipts from related activities, etc	(see instructions)			<u> </u>	12	· · · · · · · · · · · · · · · · · · ·
3	First five years. If the Form 990 is for the	•		urth, or fifth tax ve	ar as a section 501		
	organization, check this box and stop here			•		(1)(1)	▶ □
Sec	tion C. Computation of Public Su		tage				
4	Public support percentage for 2009 (line 6	, column (f) dıvıde	d by line 11, colum	ın (f))		14	%
5	Public support percentage from 2008 Scho					15	%
6a	33 1/3 % support test—2009. If the organ	ization did not che	eck the box on line	13, and line 14 is	33 1/3 % or more,	check this box	
	and stop here. The organization qualifies	as a publicly supp	orted organization				▶ 🗌
b	33 1/3 % support test—2008. If the organ	ization did not che	eck a box on line 13	3 or 16a, and line	15 is 33 1/3 % or n	nore, check this	_
	box and stop here. The organization quali	fies as a publicly	supported organiza	tion			▶ 🔲
7a	10%-facts-and-circumstances test—200	9. If the organizat	ion did not check a	box on line 13, 16	Sa, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumst	ances" test, check	this box and stop	here. Explain in Pa	art IV how the	_
	organization meets the "facts-and-circums	tances" test. The	organization qualifi	es as a publicly si	upported organizat	ion	▶ 🗌
b	10%-facts-and-circumstances test—200	8. If the organizat	ion did not check a	box on line 13, 16	Sa, 16b, or 17a, and	d line 15 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumsta	ances" test, check	this box and stop	here. Explain in Pa	art IV how the	
	organization meets the "facts-and-circums	tances" test. The	organization qualifi	es as a publicly si	upported organizat	ion	▶ □
Ω	Private foundation. If the organization did	I not check a hox	on line 13 16a 16l	17a or 17b che	ack this boy and so	e instructions	.

Schedule A (Form 990 or 990-EZ) 2009

58-1775850

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Glfts, 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 7a Amounts included on lines 1, 2, and 3 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 10a 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 c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on 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) 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage 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 Investment income percentage from 2008 Schedule A. Part III, line 17 18 % 19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 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 Cabarrus 4-H Foundation, Inc.

58-1775850

Page 4

Part IVSupplemental 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

						
10 3:27 PM		Gain / Loss	-56,642 -56,642			Explanation 1-2
11/12/2010	۲.	Depreciation	\$ 0	to		Book Value Explanation E
	Other than Invento	Cost & Expense	201,965 \$ 201,965 \$	Line 10 - Grants and Similar Amounts Paid to Individuals		Book
deral Statements	- Sale of Assets C	Sale Price	145,323 \$ 145,323 \$	- Grants and Sim		Noncash
Federal Sta	2, Part I, Line 5c Securi	Date Sold	Various \$	Z, Part I, Line 10 - G		Contribution 15,240 15,240
	Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory -	Date Acquired	Various	Statement 2 - Form 990-EZ, Part I,	Class of Activity	Description of Property T FOR 4-H PROG
H Foundation,	State	Description Whom Sold		State		Date of Giff
30413 Cabarrus 4-H Foundation, Inc. 58-1775850 FYE: 12/31/2009		How Received	Donation Total		Relationship to Organization	Total

. 30413 Cabarrus 4-H Foundation, Inc.
Federal Statements

11/12/2010 3:27 PM

FYE: 12/31/2009

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	 Amount
Expenses	\$
Fiduciary Fees - Wachovia	2,675
Banking Fees	 20
Total	\$ 2,695

30413, Cabarrus 4-H Foundation, Inc.

58-1775850

Federal Statements

11/12/2010 3:27 PM

FYE: 12/31/2009

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

PROVIDED SUPPORT TO CABARRUS COUNTY 4-H PROGRAM OPERATED BY THE NC COOPERATIVE EXTENSION--CABARRUS COUNTY CENTER. THIS INCLUDES 4-H COMMUNITY CLUBS, 4-H AFTERSCHOOL CLUBS, 4-H EFNEP, 4-H SOS GOLDMINERS, 4-H SUMMER FLING, AND ANY OTHER 4-H PROGRAM DELIVERY METHOD IN WHICH WE WORK WITH YOUTH ON LIFE SKILL DEVELOPMENT.

Statement Period: 01/01/2009 - 12/31/2009 Account Number: 1025003806 IP Number: 1564152 O 204 00002

Account Title:

CABARRUS 4-H FOUNDATION, INC. WACHOVIA BANK, N.A.

0.00 0.00 0.00 0.00 26,192.16 8,582.75 4,285.72 1,683.45 SOLD 1,069.504 UNITS DAVIS NEW YORK VENTURE FD CL Y ON 06/22/09 AT 24.49 CUSIP: 239080401 SOLD 280.116 UNITS DAVIS NEW YORK VENTURE FD CL Y ON 11/27/09 AT 30 64 CUSIP 239080401 SOLD 634 922 UNITS GOLDEN SMALL CORE VALUE FD INS CL ON 06/22/09 AT 6 75 CUSIP: 34984T857 SOLD 218.913 UNITS GOLDEN SMALL CORE VALUE FD INS CL ON 11/27/09 AT 7 69 CUSIP: 349847867 EQUITIES 06/23/09 11/30/09 06/23/09 11/30/09 SALES

1

41,635.79 -

10,904.91 -

7,822.24 -

2,697.01 -



Statement Period: 01/01/2009 - 12/31/2009 **Account Number:** 1025003806 **IP Number:** 1564152 O 204 00002

Account Title:

CABARRUS 4-H FOUNDATION, INC. WACHOVIA BANK, N.A INVESTMENT AGENCY UNDER AGREEMENT DATED 5/28/99

Transaction Detail continued

Total Tax Cost	25,834.55 -	7,898.21 -	41,221.72 -	10,867.78 -	5,935.15 -	2,164.18 -	7,670.61 -
Іпсоте	00'0	00.0	0.00	0.00	0.00	0.00	0.00
Principal	17,212.00	6,983.94	26,344.20	8,653.56	3,675.24	1,718.10	4,084 65
Transaction Description	SOLD 415.347 UNITS HARBOR INTERNATIONAL FUND INS CL ON 06/22/09 AT 41 44 CUSIP. 411511306	SOLD 126 981 UNITS HARBOR INTERNATIONAL FUND INS CL ON 11/27/09 AT 55 00 CUSIP 411511306	SOLD 1,714 001 UNITS JPMORGAN TR I INTREPID GROWTH-SE ON 06/22/09 AT 15 37 CUSIP·4812A2207	SOLD 451 883 UNITS JPMORGAN TR I INTREPID GROWTH-SE ON 11/27/09 AT 19 15 CUSIP. 4812A2207	SOLD 255.936 UNITS SSGA EMERGING MARKETS FUND CL S ON 06/22/09 AT 14 36 CUSIP 784924425	SOLD 93.324 UNITS SSGA EMERGING MARKETS FUND CL S ON 11/27/09 AT 18 41 CUSIP 784924425	SOLD 453 346 UNITS TOUCHSTONE MID CAP FUND CL Y ON 06/22/09 AT 9.01 CUSIP: 89155H793
Date	06/23/09	11/30/09	06/23/09	11/30/09	06/23/09	11/30/09	06/23/09

WMCPM001 001320 001200207142 NNNNN NNNNN NNNNNNN 000019

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Statement Period: 01/01/2009 - 12/31/2009 **Account Number:** 1025003806 **IP Number:** 1564152 O 204 00002

Account Title: CABARRUS 4-H FOUNDATION, INC. WACHOVIA BANK, N A. INVESTMENT AGENCY UNDER AGREEMENT DATED 5/28/99

Transaction Detail continued

Date	Transaction Description	Principal	Income	Totai Tax Cost
11/30/09	SOLD 187 823 UNITS TOUCHSTONE MID CAP FUND CL Y ON 11/27/09 AT 11 07 CUSIP. 89155H793	2,079.20	0.00	3,177.96 -
TOTAL EQUITIES		\$111,494.97	\$0.00	\$167,830.11 -
FIXED INCOME				
06/23/09	SOLD 235.256 UNITS PIMCO FOREIGN BOND FD U.S. DOLLAR - HEDGED INST CL ON 06/22/09 AT 9.51 CUSIP. 693390882	2,237.28	0.00	2,401.96 -
11/30/09	SOLD 54 841 UNITS PIMCO FOREIGN BOND FD U.S DOLLAR - HEDGED INST CL ON 11/27/09 AT 10 42 CUSIP 693390882	571.45	0.00	559.93 -
06/23/09	SOLD 335.34 UNITS PIMCO HIGH YIELD FD INSTL CL ON 06/22/09 AT 7 47 CUSIP 693390841	2,505.00	0.00	3,343.34 -
11/30/09	SOLD 76.001 UNITS PIMCO HIGH YIELD FD INSTL CL ON 11/27/09 AT 8.65 CUSIP 693390841	657.40	0.00	757.73 -
06/23/09	SOLD 1,295 502 UNITS PIMCO TOTAL RETURN FD INST CL ON 06/22/09 AT 10 39 CUSIP. 693390700	13,460.26	0.00	13,032.75 -



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Statement Period: 01/01/2009 - 12/31/2009 **Account Number:** 1025003806 **IP Number:** 1564152 O 204 00002

Account Title: CABARRUS 4-H FOUNDATION, INC. WACHOVIA BANK, N.A. INVESTMENT AGENCY UNDER AGREEMENT DATED 5/28/99

Transaction Detail continued

Date	Transaction Description	Principal	Іпсоте	Total Tax Cost
11/30/09	SOLD 369 UNITS PIMCO TOTAL RETURN FD INST CL ON 11/27/09 AT 11 03 CUSIP: 693390700	4,070.07	0.00	3,712.14 -
TOTAL FIXED INCOME	ИЕ	\$23,501.46	\$0.00	23,807.85 -
TOTAL SALES		\$134,996.43	\$0.00	\$191,637.96 -
SHORT-TERM INVESTMENT ACTIVITY	IMENT ACTIVITY			
	NET WITHDRAWAL EVERGREEN INST MONEY MARKET FUND CL I (FD #495) CUSIP. 300250602	10,054.74	0.00	10,054.74 -
	NET WITHDRAWAL EVERGREEN INST MONEY MARKET FUND CL I (FD #495) CUSIP. 300250602	0.00	2 72.02	272.02-
TOTAL SHORT-TERM	TOTAL SHORT-TERM INVESTMENT ACTIVITY	\$10,054.74	\$27.2.02	\$10,326.76 -
TOTAL SECURITY ACTIVITY	YIVITY	\$145,051.17	\$272.02	\$201,964.72 -