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## **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)

OMB No. 1545 0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning 2009, and ending D Employer Identification Number Check if applicable Pleaseus SOUTHERN CRESCENT RESOURCE MINISTRIES, 58-2097740 Address change or print or type. See INC. Name change Telephone number 112 PARK WEST DRIVE 770-320-8200 Initial return specific Instruc-MCDONOUGH, GA 30253-6660 Termination 10,700,033. Amended return G Gross receipts \$ F Name and address of principal officer DALE JACKSON H(a) Is this a group return for affiliates? Application pending Yes Nο H(b) Are all affiliates included? 512 VALLEY HILL RD. STOCKBRIDGE, GA 30281 If 'No, attach a list (see instructions) Tax-exempt status X 501(c) ( 3 ) ◄ (insert no ) 4947(a)(1) or | 527 Website: ► N/A H(c) Group exemption number 🟲 X Corporation M State of legal domicile GA Trust Association L Year of Formation Form of organization Other > Part I Summarv Briefly describe the organization's mission or most significant activities TO COLLECT AND DISTRIBUTE FOOD TO Activitles & Governance Check this box ► If the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V. line 2a) 0 6 Total number of volunteers (estimate if necessary) 0 7 a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 13,436,301. 10,699,807. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII line 2q) 471 226. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,436,772. 10,700,033. 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) SCANNEL JUN 18 2010 10,375,068. 13,109,161. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 104,883. 77,122. ig fees (Part IX, column (A), line 11e) Total rundraising expenses (Part IX, column (A), line 11e)

Total rundraising expenses (Part IX, column (D), line 25)

Other expenses (Part IX ourmn (A), lines 11a-11d, 11f-24f) 202,842. 233,686. Tot MAXpells as 20 millings 93-17 (must equal Part IX, column (A), line 25)
Revenue less expenses Septract line 18 from line 12 13,416,886. 10,685,876. 19,886. 14,157. Beginning of Year End of Year OGDEN. UT 637,056. 627,647. 375,732. Total liabilities (Part X, line 26) 352,166. 21 261,324. 275,481. Net assets or fund balances. Subtract line 21 from line 20. Part II Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer MARK BRUMBALOW Executive Direc Type or print name and title Preparer's identifying number (see instructions) Check if EPH F. HARDWICK, C.P.A. seir. employed Paid Preparer's signature Pre-N/A parer's dwick & Hardwick, CPAs Hal Firm's name (or Use 739 South Hill Street EIN ► N/A Oply Phone no ► (770) 227-4400 Griffin, GA 30224 De IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

TEEA0113L 12/29/09

	n 990 (2009) SOUTHERN CRESCENT RESOURCE MINISTRIES,	58-2097740		Page 2
	rt III / Statement of Program Service Accomplishments	·———	_	
1	Briefly describe the organization's mission			
	TO COLLECT AND DISTRIBUTE FOOD TO NEEDY PEOPLE.			
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior		
	Form 990 or 990-EZ?		Yes X	No
	If 'Yes,' describe these new services on Schedule O	Li	.03 []	110
3	·		Yes X	A1 -
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es'	Yes X	No
	If 'Yes,' describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	y expenses. Sect	ion 501(c)	)(3) tal
	expenses, and revenue, if any, for each program service reported	mocations to other	15, the to	ıaı
	All and a second			
4 a	a (Code $\frac{1}{2}$ ) (Expenses $\frac{10,685,876}{2}$ including grants of $\frac{10,375,068}{2}$ ) (Re	venue \$ <u>10</u>	<u>,700,0</u>	<u>33.</u> )
	SOUTHERN CRESCENT RESOUCE MINISTRIES, INC. COLLECTS EXCESS FOODS FRO	<u>OM_LOCAL_ME</u>	RCHANT.	<u>s</u>
	AND THE OPERATION BLESSING ORGANIZATION, AND DISTRIBUTES THOSE FOOL	OS TO APPRO	XIMATE.	LY
	200 LOCAL CHURCHES AND CHARITABLE OUTREACH ORGANIZATIONS.			
41	(Code	evenue \$		)
			- <b></b> -	
A -	c (Code) (Expenses \$ including grants of \$) (Re	wenue ¢		`
40	(Re	.vcriue	<del></del>	
		<b></b>		_ <b></b>
40	Other program services (Describe in Schedule O.)		<del></del>	
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4	e Total program service expenses ► 10,685,876.			
	- 1-1- E-1-3 10/ 000/ 0/0.		-	

Part IV **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,' complete X Schedule A 1 2 X Is the organization required to complete Schedule B, Schedule of Contributors? 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 Х **Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C. Part II* Х 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,' complete Schedule D, 6 Х Part I 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,' complete Schedule D, Part III 8 X 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 Х 9 Schedule D Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 Х 'Yes,' complete Schedule D, Part V Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D. Parts VI, VII, VIII, IX, or 11 Х X as applicable • 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 16? If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes' complete Schedule D, Part IX 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 statement for the tax year? If 'Yes.' complete Schedule D. Parts XI, XII, and XIII 12 X No 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes 12 Α Х year? If 'Yes ' completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes' complete Schedule E 13 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* Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F. Part II 15 Х 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A). lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If 'Yes,' complete Schedule G Part III 19 Х 19

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

20

Х

Х

Part IV Checklist of Required Schedules (continued) Yes No 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 21 Х 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 Х 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 employees? If 'Yes.' complete 23 Х Schedule J 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, and 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 X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b X Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L. Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes.' complete Schedule L, Part IV Х 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L. Part IV c 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 Х X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 30 X X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N Part II 32 Χ 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 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II. III. IV, and V, X 34 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 35 Х **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes.' complete Schedule R, Part V, line 2 36 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R. Part VI 37 37 Х

**BAA** Form **990** (2009)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			
M M M		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and report (gambling) winnings to prize winners?	rtable gamıng		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	o		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax return	s <sup>7</sup> 2t		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see in	structions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered bethis return?	Э 3 а		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3t	<b>)</b>	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other autinancial account in a foreign country (such as a bank account, securities account, or other financial account.)	uthority over, a sount)?	1	х
<b>b</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 Ba Financial Accounts	nk and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. <u>5</u> a	<del></del>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti		4	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard Tax Shelter Transaction?	ing Prohibited 50	;	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the osolicit any contributions that were not tax deductible?	organization 6a	1	х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions deductible?	or gifts were not	,	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go provided to the payor?	ods and services 72		X
b If '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 Form 8282?	required to file		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		<b></b>	<b> </b>
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per benefit contract?	<u> </u>	+	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		1	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79		<u> </u>
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a		1	ļ
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	98	3	
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	91	,	
10 Section 501(c)(7) organizations. Enter		T	
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</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			
a Gross income from other members or shareholders			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1? 12:	1	
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA Form 990 (2009)

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.

<u>Sec</u>	ction A.	Governing	Body and M	anagemen	ıt					_			
												Yes	No
		e number of voti	•	•			ļ	1 a		7		·	•
1	<b>b</b> Enter the	e number of voti	ng members th	at are indepe	endent		Į	1 b					
2	Did any officer, d	officer, director, lirector, trustee	trustee, or key or key employe	employee ha	ave a family r	elationship or a busine	ess re	elations	ship with ai	ny other	2		X
3	Did the o	organization dele	egate control or	ver managem	ent duties cu	stomarily performed by lent company or other	y or t	inder ti	he direct s	upervision	3		Х
						tional documents	1,0100	J11			4		<u>x</u>
·		prior Form 990		in ondrigos o	o ko organiza	nona. accamento							
5	Did the d	organization bec	ome aware dur	ing the year	of a material	diversion of the organi	nzatio	n's ass	sets?		5		<u>X</u>
6	Does the	organization ha	ave members o	r stockholder	s?						6		X
7	a Does the governin	organization ha g body?	ave members,	stockholders,	or other pers	ons who may elect one	ne or r	more n	nembers of	f the	7a		<u> </u>
١	<b>b</b> Are any	decisions of the	governing bod	y subject to a	approval by n	nembers, stockholders,	, or ot	ther pe	rsons?		7ь		X
8	Did the o	organization con wing	temporaneousl	y document t	he meetings	held or written actions	s unde	ertaken	during the	e year by			
		erning body?									8a		X
		nmittee with aut	thority to act or	n behalf of the	e aovernina l	odv <sup>9</sup>					8b		X
	Is there	any officer, dired	ctor or trustee.	or kev emplo	vee listed in	Part VII, Section A, wh	ho ca	nnot b	e reached	at the	9		Х
Sac						addresses in Schedule ion about policies i		really	ed by th	e Internal			
	enue Code	•	THIS DECLIO	i D request	.s irrivitriat	on about policies i	11011	equii	ca by in	c internal			
100	CITAL COLIC									<del></del> -		Yes	No
10:	a Does the	organization ha	ave local chant	ers branches	or affiliates	7					10 a		X
		2	•	•	'	es governing the activit	itiae o	of cuch	chanters	affiliatos			
	and bran	iches to ensure	their operation	s are consiste	ent with those	of the organization?					10b	- 17	<del></del>
						bers of its governing b			-		11	X	<del></del> j
				-	-	tion to review this Form	m 990	) Se	e Sche	aure o			3,
		-			, -	'No,' go to line 13					12a		<u>X</u>
	to conflic	cts?			·	disclose annually inter					12b		
•	c Does the Schedule	e organization re e O how this is o	gularly and cou done	nsistently moi	nitor and enf	orce compliance with the	the po	olicy? I	f 'Yes,' des	scribe in	12c		
13	Does the	organization ha	ave a written w	histleblower p	oolicy?						13		X
14	Does the	organization ha	ave a written de	ocument reter	ntion and des	truction policy?					14		<u>X</u>
15	Did the persons,	orocess for deter	mining compelata, and conte	nsation of the	e following pe substantiation	rsons include a review n of the deliberation an	v and nd de	approv	val by inde	pendent			
		inization's CEO,									15a		X
	-	ficers of key em			· ·	•					15b		X
	If 'Yes' to	o line 15a or 15l	b, describe the	process in S	chedule O (S	See instructions.)							
16		organization inve	est in, contribut	e assets to, o	or participate	ın a joint venture oi sii	ımılar	arrang	gement wit	h a taxable	16a		
	,	3	ation adopted a	writton notice	v or proced-	e requiring the organiz	zation	to our	aluata ite n	articination			
	in joint v	enture arrangen th respect to su	nents under ap	plicable fedei	ral tax law, a	nd taken steps to safeg	guard	the or	ganization	's exempt	16b		لــــا
Sec	ction C.	Disclosures	S										
17	List the s	states with which	h a copy of this	Form 990 is	required to b	e filed - GA			=				
18	Section (	6104 requires ar on Indicate how	n organization t you make thes	o make its Fo se available (	orms 1023 (o Check all tha	r 1024 if applicable), 99 apply.	990, a	nd 990	-T (501(c)	(3)s only) av	/aılabl	e for p	oublic
		website	·	s website		pon request							
19	Describe		whether (and it			makes its governing d	docun	nents.	conflict of	interest pol	cy, ar	nd fina	incial
	State the	e name, physica	l address, and	•		person who possesses				s of the orga	anızatı	ion	
	► <u>ADORE</u>	E_VINES_11	2 PARK WE	ST_DRIVE	WCDONO	JGH GA 30253 77	<u>70-3</u>	320-8	3200				

# 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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 did n	· · · · · · · · · · · · · · · · · · ·	sate a	ny			officei	, dır	ector, or trustee		
(A)	(B)			(6				(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee		a Kev employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MARK BRUMBALOW										
Executive Direc	7 0							32,799.	0.	0.
ADOREE VINES BOOKKEEPER	0							26,052.	0.	0.
DALE JACKSON	1		_							
President	0				_			1,000.	0.	0.
GENE SELLARS Vice President	0							0.	0.	0.
HIRAM BAUGHCUM BOARD MEMBER	0							0.	0.	0.
MARK JOHNSON	1		$\vdash$				$\vdash$	<u> </u>		<u></u>
BOARD MEMBER	0		L					0.	0.	0.
SHIRLEY ANDERSON BOARD MEMBER	- 0							0.	0.	0.
FAITH WALLACE BOARD SECRETARY	0							0.	0.	0.
JOHN WALLACE BOARD MEMBER	0							0.	0.	0.
			<u> </u>							
			<del> </del>							
	-									

Part VII   Section A. Officers, Directors, Trus	lees, k	(ey	Em	ıplo	oye	es,	an	d Highest Con	pensated Em	ployees (cont.)
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours				T		$\overline{}$	Reportable compensation from	Reportable compensation from	Estimated amount of other
	nours per week	or dir	nstitutional trustee	Officer	Te e	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	}	dual	ution	¥	employee	est co	cr		,	organization and related
		trust	al tru		yee	mpe				organizations
		ee	stee			nsate				}
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1 b Total	L	l			L		▲	59,851.	0	0.
2 Total number of individuals (including but not limite	d to the	se li	sted	labe	ove)	wh	o re	·····		<del></del>
from the organization $ \  \  \  \  \  \  \  \  \  \  \  \  \$	- 10 1110				,				<b>*</b>	
										Yes No
3 Did the organization list any former officer, director	or trust	ee. l	kev	emr	olove	ee. o	or hi	ghest compensate	ed employee	
on line 1a <sup>9</sup> If 'Yes,' complete Schedule J for such in										3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	portable	noo e	npe	nsal If 'Y	tion 'es'	and	loth	er compensation e Schedule I for s	from	
individual	ιαπ φισ	,0,00		. ,			pict		, dell'	4 X
5 Did any person listed on line 1a receive or accrue c	ompens	atio	n fic	om a	any	unre	elate	d organization for	services	
rendered to the organization? If 'Yes,' complete Sci	nedule .	l for	suc	h pe	erso	7			· ·	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed inde	nenc	fent	cor	ofrac	tors	tha	t received more ti	nan \$100 000 of	
compensation from the organization	eu mue	penc	iciic	COI	mac	.(013		received more a		
(A)								(B)	,	(C)
Name and business addres	<u></u> _							Description d	of Services	Compensation
	·									
									-	
										<del></del>
			-							
2 Total number of independent contractors (including	but not	lımıl	ed t	to th	ose	list	ed a	bove) who receiv	ed more than	
\$100,000 in compensation from the organization										

Pa	1 VIII Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SCRVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f. h Total. Add lines 1a-1f  Business Code  2 a b c d	10,699,807.			
PROGRAM :	f All other program service revenue g Total. Add lines 2a-2f		3 100		,
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	226.	226.		
	(i) Real (ii) Personal  6a Gross Rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory b Less cost or other basis				`
	and sales expenses  c Gain or (loss)  d Net gain or (loss)	·		·	
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV line 18  b Less direct expenses c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code	-			
	11a b c				
	d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions	10,700,033.	226.	0.	0.

Page 10

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 com	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		
	not include amounts reported on lines 7b, 8b. 9b. and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				<i>:</i>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,375,068.	10,375,068.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			,	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	59,851.	59,851.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	11,933.	11,933.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,338.	5,338.		
11	Fees for services (non-employees)				
	a Management				
	<b>1</b> Legal				
	Accounting	2,790.	2,790.		
(	d Lobbying				
•	e Prof fundraising svcs. See Part IV, In 17		•		
	Investment management fees				
(	g Other	382.	382.		
	Advertising and promotion				
13	Office expenses	1,773.	1,773.		
14	Information technology				
15	Royalties				
16	Occupancy	32,282.	32,282.		
17	Travel	12,153.	12,153.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		44.		
19	Conferences, conventions, and meetings				
20	Interest	20,156.	20,156.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		21,098.	21,098.		
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 )				
	a DONATIONS	35,650.	35,650.		
	b Postage and Shipping	28,175.	28,175.		
	TRUCK AND EQUIPMENT REPAIR	25,288.	25,288.		
	d FOOD PURCHASES	20,791.	20,791.		
	EQUIPMENT AND SUPPLIES	13,220.	13,220.		
	f All other expenses	19,928.	19,928.		
	Total functional expenses Add lines 1 through 24f	10,685,876.	10,685,876.	0.	0.
26					
BAA	<del></del>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2009)

Part X Balance Sheet (B) End of year (A) Beginning of year 36,687 27,278. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net A Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10a 600,369 Complete Part VI of Schedule D 600,369 b Less accumulated depreciation 10b 100 600,369 11 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV. line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 16 Total assets Add lines 1 through 15 (must equal line 34) 637,056. 16 627,647 4,841. 17 1,481 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 370,891 23 350,685 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other Irabilities Complete Part X of Schedule D 25 375,732 352,166 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 261,324 275,481 27 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets 0 R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 261,324 275,481 33 33 Total net assets or fund balances 34 637,056. 627,647. Total liabilities and net assets/fund balances 34

Form **990** (2009)

Part XI Financial Statements and Reporting 58-2097740		Pa	ge <b>12</b>
are Al   1 marroral otalements and reporting		Yes	No
1 Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 📗 Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule $\Theta$			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
<b>b</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		х
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** 

OMB No 1545-0047 2009

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

SOUTHERN CRESCENT RESOURCE MINISTRIES, INC.

Employer identification number 58-2097740

Par	<u> </u>	Reason for Pul	blic Charity Statu	s (All organizations	must d	comple	te this	part.)	See i	nstruct	ions	
he c	rga	nization is not a priv	vate foundation becau	ise it is. (For lines 1 thro	ugh 11,	check o	nly one	box.)				
1		A church, convention	on of churches or ass	ociation of churches desc	cribed in	section	170(b)	(1)(A)(i)				
2	П	A school described	in section 170(b)(1)(	A)(ii). (Attach Schedule E	Ξ)							
3	П	A hospital or coope	erative hospital service	e organization described	ın secti	on 170(l	χΑχτχα	īii).				
4	П	A medical research	organization operate	ed in conjunction with a h	ospital d	describe	d in <b>sec</b>	tion 17	0(b)(1)(A	A)(iii) Er	nter the hospital	s
	_	name, city, and sta										
5		170(b)(1)(A)(iv). (C	Complete Part II )	of a college or university		,	-	-	nmenta	unit de:	scribed in sectio	n
6 7	X	An organization that		governmental unit descril i substantial part of its su ait II)					t or fron	ı the ger	neral public desc	ribed
8		A community trust	described in section	170(b)(1)(A)(vi). (Complet	te Part I	l)						
9		from activities related investment income	d to its exempt function	more than 33-1/3 % of its s as – subject to certain exce ass taxable income (less complete Part III)	entions, a	and (2) r	o more	than 33-	1/3 % of	its suppo	ort from aross	after
10		An organization org	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	1 509(a)	(4).			
11		more publicly supp	orted organizations of supporting organiz	exclusively for the benef described in section 509(a zation and complete lines	a)(1) or s 11e thi	section rough 1	509(a)(a Ih	2) See	of, or ca section	rry out th <b>509(a)(3</b>	). Check the bo	x that
	_	a Type I	<b>b</b> Type II	c Type III		-	_			d 📗	Type III – Othe	
е		By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	ed direc upportec	tly or in diorgani	directly zations	by one describe	or more ed in se	disquali ction 509	ified persons otl (a)(1) or section	ner 1
f			received a written det	termination from the IRS	that is a	a Type I	, Type II	l or Typ	e III sup	porting (	organization,	
g		Since August 17, 2	006, has the organiza	ition accepted any gift of	r contrib	oution fro	om any	of the f	ollowing	persons	.7	
											Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or t upported organization?	together	with pe	ersons d	escribe	d in (ii) a	and (III)	11 g (i)	
		(ii) a family mem	ber of a person desc	cribed in (i) above?							11 g (ii)	
		(iii) a 35% contro	lled entity of a person	n described in (i) or (ii) at	oove?					•	11 g (iii)	
h		Provide the following	ng information about t	the supported organization	ns							
	(i	) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed	ls the son in col f in your eming ment?	the organ	ou notify nzation in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amount of Su	pport
					Yes	No	Yes	No	Yes	No		
											<del></del>	
						1		1				

BAA 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

Sche	· dule <b>A</b> (Form 990 or 990-EZ) 200	9 SOUTHERN	CRESCENT R	ESCURCE MIN	NISTRIES	58-209774	0 Page <b>2</b>		
	t II Support Schedule for								
	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1)					
	tion A. Public Support					<u> </u>			
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	14454368.	16448763.	15029569.	13436301.	10699807.	70,068,808.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.		
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.		
4	Total. Add lines 1-through 3	14454368.	16448763.	15029569.	13436301.	10699807.	70,068,808.		
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)				٠,		0.		
6	<b>Public support.</b> Subtract line 5 from line 4	ę	,				70,068,808.		
Sec	tion B. Total Support						· · · · · · · · · · · · · · · · · · ·		
Cale begi	Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (d) 2008						(f) Total		
7	Amounts from line 4	14454368.	16448763.	15029569.	13436301.	10699807.	70,068,808.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	389.	402.	738.	471.	226.	2,226.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.		
11	Total support. Add lines 7 through 10						70,071,034.		
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.		
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)	)(3)		
	tion C. Computation of Pul			11			100.0%		
	Public support percentage for 20 Public support percentage from:			ie 11, column (r)		14	100.0%		
16 a	33-1/3 support test – 2009. If the	e organization did qualifies as a put	not check the bo	x on line 13, and	the line 14 is 33	-1/3 % or more, o	check this box		
ŧ	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box blicly supported or	on line 13, or 16a ganization	a, and line 15 is 3	3-1/3% or more,	check this box		
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and District format facts and District fact	meets the 'facts-a d-circumstances'	and-circumstances test The organiz	s' test, check this zation qualifies as	box and <b>stop he</b> i a publicly suppo	r <b>e.</b> Explain in Par irted organization	t IV how the		
18 BAA	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a			90 or 990-EZ) 2009		

Sche <b>Pa</b> i		r Organization	s Described i			58-2097740	Page <b>3</b>
500	(Complete only if you che	cked the box on li	ne 9 of Part I)				
	tion A. Public Support	(2) 2005	(h) 2006	(a) 2007	(4) 2009	(a) 2000	(D. Total
		(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)		,		<u> </u>	<u> </u>	
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·		<del></del>	T	
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 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)						
	Total support. (add lns 9, 10c, 11, and 12)			1 11 3 5 11	. (41)	501()(	<u> </u>
14	First five years. If the Form 990 organization, check this box and	is for the organization here	ation's first, secon	ia, thira, fourth,	or fifth tax year a	s a section 501(c)(3	"► □
Sec	tion C. Computation of Pul		ercentage				
	Public support percentage for 20			e 13, column (f))	1	15	%
	Public support percentage from 2				· <u>·</u>	16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	•			

Schedule A (Form 990 or 990-EZ) 2009

17

18

**b 33-1/3 support tests** – **2008.** If the organization did not check a box on line 14 or 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

19 a 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

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

Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

## 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, lines 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

IN	JTHERN CRESCENT RESOURCE MINIS 3.	TRIES,	58	8-2097740	
Pa	<del></del>	Advised Funds or Other Similar Fund			ıf
	the organization answered 'Yes' t	o Form 990. Part IV. line 6.	as of Accoun	ins complete	
		(a) Donor advised funds	(b) Fund	ds and other acco	ounts
1	Total number at end of year	(a) Botton davisod ratios		ao ana other acc	
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)		<del>- / y-</del> .		· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year				<del></del>
_	,				<del></del>
5	funds are the organization's property, subject			Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or for a fit??	ls may be any other	Yes	No
Pa	rt II   Conservation Easements Comple	ete if the organization answered 'Yes' t	o Form 990,	Part IV, line	7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)			
	Preservation of land for public use (e.g., r	ecreation or pleasure) Preservation of	f an historically	important land a	area
	Protection of natural habitat	Preservation o	f certified histor	ric structure	
	Preservation of open space	_			
2	Complete lines 2a through 2d if the organizations to day of the tax year	on held a qualified conservation contribution in	the form of a co	onservation ease	ment on the
			H	eld at the End of	the Year
i	a Total number of conservation easements		2a		····
١	b Total acreage restricted by conservation ease	nents	2b		
•	Number of conservation easements on a certi	fied historic structure included in (a)	2 c		
(	d Number of conservation easements included i	n (c) acquired after 8/17/06	2 d		
3	Number of conservation easements modified,	transferred, released, extinguished, or terminate	ed by the organ	nization during th	e tax
	year ►				
4	Number of states where property subject to co	onservation easement is located >	_		
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, han	ndling of violation	ons,	No
6	Staff and volunteer hours devoted to monitoring the year •	ng, inspecting, and enforcing conservation ease	ments		_
7	Amount of expenses incurred in monitoring, in during the year	rspecting, and enforcing conservation easement	ts		_
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	ction	Yes	No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its revenue and expens to the organization's financial statements that d	se statement, an escribes the org	id balance sheet, ganization's acco	and unting for
Pa	rt III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other Simila	ar Assets	
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV. line 8	8.		
1:	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	SFAS 116, not to report in its revenue stateme lic exhibition, education, or research in furtheral ents that describes these items	ent and balance nce of public se	e sheet works of ervice, provide, in	art, historical n Part XIV,
ı	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its revenue statement a lic exhibition, education, or research in furtherar	and balance she nce of public se	eet works of art, ervice, provide th	historical e following
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>-</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items	or financial gair	n, provide the foll	owing
;	a Revenues included in Form 990, Part VIII, line	: 1		►\$	<del></del>
1	b Assets included in Form 990, Part X			<b>►</b> \$	

Schedule D (Form 990) 2009 SOUTH Part III Organizations Maintain					or Othe	58-209°		Page		
3 Using the organization's acquisiti										
items (check all that apply)	on accession	and ou		any of the following	ing that ar	e a significant ast	5 01 115 0011	CCHOIT		
a 🔲 Public exhibition										
<b>b</b> Scholarly research			e 💹 Other							
c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in										
Part XIV			•	•	-		e in			
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or ather than to	receive be maii	donations of art, ntained as part o	historical treasure f the organization's	s, or other collection	r sımılar 1 <sup>9</sup> [	Yes	No		
Part IV Escrow and Custodia	Arrangen	ients (	Complete if or	ganization ansv			0. Part I	V, line		
9, or reported an amo						<u> </u>				
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	n, or otl	ner intermediary	for contributions or	other ass	ets not [	Yes	No		
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	and com	plete the followir	ig table	_					
					<u> </u>		Amount			
c Beginning balance						1 c				
<b>d</b> Additions during the year						1 d				
e Distributions during the year						1 e	· · ·			
f Ending balance										
2a Did the organization include an amount on Form 990, Part X, line 21?										
<b>b</b> If 'Yes,' explain the arrangement										
Part V Endowment Funds Co							1			
	(a) Current	year	(b) Prior year	(c) Two years	back (	d) Three years back	(e) Four	years back		
1 a Beginning of year balance							ļ			
<b>b</b> Contributions							ļ			
c Net Investment earnings, gains, and losses						-				
<b>d</b> Grants or scholarships				٠٠,			٠,			
e Other expenditures for facilities and programs				,	-	,	,			
f Administrative expenses				-			<u> </u>			
g End of year balance										
2 Provide the estimated percentag	e of the year	end bal	ance held as							
a Board designated or quasi-endov	vment 🟲		ę							
<b>b</b> Permanent endowment	%									
c Term endowment ►	8									
3a Are there endowment funds not organization by	n the posses	sion of	the organization	hat are held and a	dministere	ed for the	Y	es No		
(i) unrelated organizations							3a(i)			
(ii) related organizations							3a(ii)			
<b>b</b> If 'Yes' to 3a(ii), are the related	organizations	listed a	s required on Scl	nedule R?			3b			
4 Describe in Part XIV the intende	-									
Part VI Investments—Land, B					t X. line	10.				
Description of investment		(a) Cos	t or other basis	(b) Cost or other basis (other)	(c)	Accumulated Depreciation	<b>(d)</b> Boo	k Value		
1 a Land				· · · · · · · · · · · · · · · · · · ·						
<b>b</b> Buildings			537,374.				5	37,374		
c Leasehold improvements										
<b>d</b> Equipment			62,995.					62,995		
e Other										
Total. Add lines 1a through 1e (Colum	n (d) must ed	qual For	m 990, Part X, co	olumn (B), line 10(d	c) )	<b>•</b>	6	00,369		
	· · · · · · · · · · · · · · · · · · ·	·				Salsad	ula D (Forr	× 000) 20		

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 SOUTHERN CRESCENT			58-2097740	Page :
Part VII Investments—Other Securities See F	.,,	<del></del>		
(a) Description of security or category (including name of security)	(b) Book value	(c) N Cost or e	lethod of valuation nd-of-year market value	
Financial derivatives				
Closely-held equity interests				<del></del> .
Other				
		<del></del>		
		<del></del> -		
	·			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)	<u> </u>			
Part VIII Investments-Program Related (See				
(a) Description of investment type	(b) Book value	(c) N	Method of valuation	
		Cost or el	nd-of-year market value	
	ļ.,		·	
		<del></del>		
		<u> </u>	<del></del>	
	<u> </u>		<del></del>	
		· · · · · · · · · · · · · · · · · · ·		
			<del></del>	
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)	15)			<del> </del>
Part IX Other Assets (See Form 990, Part X,				
<b>(a)</b> De	escription		<b>(b)</b> Book	value
		· · · · · · · · · · · · · · · · · · ·		
		<del></del>		
		<del></del>		
		·		
Total. (Column (b) must equal Form 990, Part X, col (B)		·	<b>•</b>	
Part X Other Liabilities (See Form 990, Part				.,
(a) Description of Liability	(b) Amount			
Federal Income Taxes				
		_		
		_		
		<del>-</del> -		
Total (Column (h) must equal Form 000 Dark V and (D) line 051				
Total. (Column (b) must equal Form 990 Part X, col (B) line 25) ►  2. FIN 48 Footnote In Part XIV, provide the text of the footnote.		N. C	16-4	

BAA	TEEA3304L 02/02/10	· · · · · · · · · · · · · · · · · · ·	Sched	ule <b>D</b> (Form 990) 2009
_		_ <b></b>		
_				
	madon			
line -	4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d mation	and 4b Also complete this par	rt to pr	ovide any additional
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P	art III, lines 1a and 4, Part IV,	lines '	lb and 2b; Part V,
Par	t XIV   Supplemental Information			···-
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	
	: Add lines <b>4a</b> and <b>4b</b>		4c	
ŧ	Other (Describe in Part XIV)	4b		
	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Subtract line 2e from line 1	· .	3	
	Add lines 2a through 2d		2e	
	Other (Describe in Part XIV)	2d		
	: Other losses	2c		
	Prior year adjustments	2b		
	Donated services and use of facilities	2a		
	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Total expenses and losses per audited financial statements	onto that expenses per	1	
	t XIII   Reconciliation of Expenses per Audited Financial Stateme	ents With Fynenses per		n N/A
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)		5	
	Add lines <b>4a</b> and <b>4b</b>	40	4c	
	Other (Describe in Part XIV)	4b		
	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
3	Add lines 2a through 2d Subtract line 2e from line 1	<b> </b>	2e 3	
	Other (Describe in Part XIV)	Zu	2e	
	Recoveries of prior year grants	2c 2d		
	Donated services and use of facilities	2b	.	
	Net unrealized gains on investments	2a		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
1	Total revenue, gains, and other support per audited financial statements		1	
Pai	t XII   Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Re	turn	N/A
	Excess or (deficit) for the year per audited financial statements. Combine lines			
9	Total adjustments (net) Add lines 4 through 8		L	
8	Other (Describe in Part XIV)			
7	Prior period adjustments			
6	Investment expenses		F	
5	Donated services and use of facilities		F	
3	Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments		<del> </del>	
2	Total expenses (Form 990, Part IX, column (A), line 25)		ŀ	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		-	
	t XI Reconciliation of Change in Net Assets from Form 990 to	Financial Statements		N/A

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

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

Open to Public Inspection •

2003

OMB No 1545 0047

Employer identification number Department of the Treasury Internal Revenue Service Name of the organization Sol

SOUTHERN CRESCENT RESOURCE MINISTRIES.	58-2097740
Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection criteria used to award the grants or assistance?	ON V Sai
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form	ation 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	× •

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							ļ
<ul><li>2 Enter total number of section 501(c)(3) and government organizations</li><li>3 Enter total number of other organizations</li></ul>	3) and government o	organizations				<b>A A</b>	0
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice, se	e the Instructions	or Form 990.	TEEA3901L 02/10/10	02/10/10	Schedi	Schedule I (Form 990) 2009

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22... Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 58-2097740 SOUTHERN CRESCENT RESOURCE MINISTRIES, Schedule I (Form 990) 2009

Part III Grants and Ot

(f) Description of non-cash assistance	FOOD AND SUPPLIES				and any other additional information.			E					
(e) Method of valuation (book FMV, appraisal, other)	FMV							 	                 				 
(d) Amount of non-cash assistance	10,375,068.				provide the information required in Part I, line 2,		! ! ! !	           	1				 
(c) Amount of cash grant				:	rovide the informa		{		             		     	 	! ! ! ! ! ! !
(b) Number of recipients	200										                 	† 	( 
(a) Type of grant or assistance	FOOD AND SUPPLIES				Part IV Supplemental Information. Complete this part to								

Schedule I (Form 990) 2009

BAA

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, fines 29 or 30. ► Attach to Form 990.

OMB No 1545 0047

2009

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Department of the Treasury Internal Revenue Service

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Other ► (

Other ► (

Name of the organization SOUTHERN CRESCENT RESOURCE MINISTRIES, INC

Employer identification number

58-2097740 Types of Property (a) (b) (c) (d) Check if Number of Revenues reported Method of determining on Form 990, Part VIII, line 1g Contributions applicable revenues 1 Art-Works of art 2 Art-Historical treasures Art-Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 8 Intellectual property 9 Securities-Publicly traded 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other 15 Real estate-Residential 16 Real estate-Commercial 17 Real estate-Other 18 Collectibles 10,375,068 10,375,068 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► ( Other > (\_\_\_\_\_

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

Yes No **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30 a Х b If 'Yes,' describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32 a Х noncash contributions? b If 'Yes,' describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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Schedule M (Form 990) 2009

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#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

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Name of the organization SOUTHERN CRESCENT RESOURCE MINISTRIES, INC.	Employer identification number 58-2097740
Form 990, Part VI, Line 11 - Form 990 Review Process	
TAX PREPARER RECOMMENDED THAT THE BOARD REVIEW THE FORM 990 BEF	PORE FILING WITH IRS
	OUR LIBERO HIM INC.