



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**  
Dept. of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2009****Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**Rowan Helping Ministries**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. Box 4026**

Room/suite

City or town, state or country, and ZIP + 4

**Salisbury NC 28144****F** Name and address of principal officer**D** Employer identification number**56-1544532****E** Telephone number**704-637-6838****G** Gross receipts \$ **2,664,160****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c) ( **3** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **www.rowanhelpingministries.org****H(c)** Group exemption number ▶**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1986****M** State of legal domicile **NC****Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities		
	<b>Direct various programs and services designed to provide shelter, food, clothing and various other types of assistance for the needy, and include Soup Kitchen, Overnight Shelter, Clothing Center, Crisis Assistance, etc.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>46</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2500</b>
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,383,599</b>	<b>2,445,037</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10,740</b>	<b>9,897</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	<b>4,616</b>	<b>21,990</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>126,977</b>	<b>187,236</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,525,932</b>	<b>2,664,160</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>1,609,482</b>	<b>1,689,738</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>761,446</b>	<b>880,911</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>121,121</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>185,665</b>	<b>218,490</b>	
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,556,593</b>	<b>2,789,139</b>	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	<b>-30,661</b>	<b>-124,979</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>942,319</b>	<b>891,913</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>33,218</b>	<b>46,598</b>
		<b>909,101</b>	<b>845,315</b>

**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** ▶ *Kyna S. Foster* **19/7/2010**  
Signature of officer Date  
**Kyna S. Foster** **Executive Director**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ *J. Alan Rutherford, CPA* Date **09/04/10** Check if self-employed ☐ Preparer's identifying number (see instructions) **P00206851**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **J. Alan Rutherford, CPA, P.A.**  
**225 N Main St Ste 302**  
**Salisbury, NC 28144**

EIN ▶ **20-1842362**  
Phone no ▶ **704-633-4060**

May the 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)

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

Direct various programs and services designed to provide shelter, food, clothing and various other types of assistance for the needy, and include Soup Kitchen, Overnight Shelter, Clothing Center, Crisis Assistance, etc.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ 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 expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,762,830 including grants of \$ 1,534,891 ) (Revenue \$ )

Crisis Assistance Network provides financial help, groceries, and clothing to individuals in need. Crisis Intervention Program (CIP) is a government program, Low-income Home Energy Assistance, CFDA 93.568, that assists with heating and cooling disbursements of vouchers no greater than \$300. During the year ended 6/30/10, RHM distributed 283,000 pounds of groceries to 21,111 individuals.

4b (Code: ) (Expenses \$ 292,506 including grants of \$ 152,488 ) (Revenue \$ )

Soup Kitchen for needy. During the year ended 6/30/10, 69,500 prepared meals were served in the Soup Kitchen and the Shelter.

4c (Code: ) (Expenses \$ 272,377 including grants of \$ 2,359 ) (Revenue \$ )

Overnight Shelter for homeless individuals. During the year ended 6/30/10, RHM provided 8,474 overnights to 329 different men, women and children.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 171,670 including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 2,499,383

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>X</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>X</b>	
• 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 related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• 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		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> 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		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> 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		<b>X</b>
<b>18</b> 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	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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		<b>X</b>
<b>22</b> 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	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</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 Schedule L, Part I		<b>X</b>
<b>26</b> 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		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> 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		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> 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		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>
<b>2a</b>	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.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</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 Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	<b>22</b>	
<b>b</b> Enter the number of voting members that are independent	<b>22</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b> Does the organization have members or stockholders?		<b>X</b>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b> Does the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b> Does the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **Rowan Helping Ministries** **226 N Long St**

Salisbury

NC 28144

704-637-6838

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

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 not compensate any current officer, director, or trustee[illegible]



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								<b>76,202</b>		<b>1,350</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	762,351			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,682,686			
	<b>g</b> Noncash contributions included in lines 1a-1f	\$	541,416			
	<b>h</b> Total. Add lines 1a-1f		2,445,037			
<b>Program Service Revenue</b>	<b>2a</b> Eagles Nest	Busn. Code	9,897	9,897		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f		9,897			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		12,532			12,532
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>Other Revenue</b>		(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents					
	<b>b</b> Less rental exps					
	<b>c</b> Rental inc or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			9,458			
	<b>b</b> Less cost or other basis & sales exps					
	<b>c</b> Gain or (loss)		9,458			
	<b>d</b> Net gain or (loss)		9,458	9,458		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>	176,461			
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events		176,461	176,461		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
	<b>b</b> Less cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
<b>11a</b> Misc Income		6,113			6,113	
<b>b</b> Sales Tax refund		4,662			4,662	
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d		10,775				
<b>12</b> Total Revenue. See instructions		2,664,160	195,816	0	23,307	

**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).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	<b>1,689,738</b>	<b>1,689,738</b>		
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	<b>744,347</b>	<b>573,022</b>	<b>95,872</b>	<b>75,453</b>
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	<b>76,079</b>	<b>58,291</b>	<b>13,820</b>	<b>3,968</b>
10 Payroll taxes	<b>60,485</b>	<b>48,023</b>	<b>7,095</b>	<b>5,367</b>
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	<b>13,000</b>		<b>13,000</b>	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	<b>7,643</b>		<b>7,643</b>	
g Other				
12 Advertising and promotion				
13 Office expenses	<b>19,040</b>	<b>10,033</b>	<b>3,386</b>	<b>5,621</b>
14 Information technology				
15 Royalties				
16 Occupancy	<b>48,396</b>	<b>47,446</b>	<b>950</b>	
17 Travel	<b>4,582</b>	<b>2,866</b>	<b>785</b>	<b>931</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>19,220</b>	<b>14,415</b>	<b>4,805</b>	
23 Insurance	<b>10,472</b>	<b>5,943</b>	<b>4,529</b>	
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 Fundraising costs	<b>19,363</b>			<b>19,363</b>
b General maintenance	<b>17,287</b>	<b>13,628</b>	<b>3,659</b>	
c Postage and printing	<b>17,224</b>	<b>8,596</b>	<b>456</b>	<b>8,172</b>
d Custodial supplies	<b>13,133</b>	<b>12,193</b>	<b>918</b>	<b>22</b>
e Program supplies	<b>9,373</b>	<b>8,058</b>	<b>552</b>	<b>763</b>
f All other expenses	<b>19,757</b>	<b>7,131</b>	<b>11,165</b>	<b>1,461</b>
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>2,789,139</b>	<b>2,499,383</b>	<b>168,635</b>	<b>121,121</b>
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>198,810</b>	<b>1</b>	<b>63,310</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>1,761</b>	<b>4</b>	<b>2,168</b>
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>12,188</b>	<b>8</b>	<b>5,598</b>
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b> <b>358,793</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>207,848</b>	<b>10c</b>	<b>150,945</b>
	<b>11</b> Investments—publicly traded securities	<b>594,929</b>	<b>11</b>	<b>669,892</b>
	<b>12</b> Investments—other securities. See Part IV, line 11.		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11.		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11.		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	<b>942,319</b>	<b>16</b>	<b>891,913</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>33,218</b>	<b>17</b>	<b>46,598</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D.		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25.	<b>33,218</b>	<b>26</b>	<b>46,598</b>
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets		<b>827,154</b>	<b>27</b>	<b>759,452</b>
<b>28</b> Temporarily restricted net assets		<b>81,947</b>	<b>28</b>	<b>85,863</b>
<b>29</b> Permanently restricted net assets			<b>29</b>	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b>		<b>909,101</b>	<b>33</b>	<b>845,315</b>
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	<b>942,319</b>	<b>34</b>	<b>891,913</b>	

**Part XI Financial Statements and Reporting**

**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 O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**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?

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?

**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

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>	<b>X</b>	
<b>3b</b>	<b>X</b>	

Form **990** (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,437,819	1,764,846	2,325,357	2,383,599	2,445,038	10,356,659
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,437,819	1,764,846	2,325,357	2,383,599	2,445,038	10,356,659
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						10,356,659

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	1,437,819	1,764,846	2,325,357	2,383,599	2,445,038	10,356,659
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,184	92,587	19,377	15,382	12,531	170,061
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					10,775	10,775
<b>11 Total support.</b> Add lines 7 through 10						10,537,495
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	186,358
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.28 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	98.19 %
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;"><input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a** **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b** **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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



---

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

---

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009****Open to Public  
Inspection**

Name of the organization

Employer identification number

**Rowan Helping Ministries****56-1544532****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_

4 Number of states where property subject to conservation easement is located ▶ \_ \_ \_ \_ \_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_ \_ \_ \_ \_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_ \_ \_ \_ \_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
(ii) Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
b Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX**      **Other Assets.** See Form 990, Part X, line 15.[illegible]

**Part X** Other Liabilities. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	<b>Total.</b> (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 to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,664,160
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,789,139
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-124,979
4	Net unrealized gains (losses) on investments	4	61,199
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	-5
9	Total adjustments (net) Add lines 4 through 8	9	61,194
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-63,785

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,793,540
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	61,199
b	Donated services and use of facilities	2b	75,824
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV )	2d	
e	Add lines 2a through 2d	2e	137,023
3	Subtract line 2e from line 1	3	2,656,517
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,643
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	7,643
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	2,664,160

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,857,325
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	75,824
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV )	2d	
e	Add lines 2a through 2d	2e	75,824
3	Subtract line 2e from line 1	3	2,781,501
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,643
b	Other (Describe in Part XIV )	4b	-5
c	Add lines 4a and 4b	4c	7,638
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	2,789,139

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete

this part to provide any additional information

Part XI, Line 8 - Reconciliation of Changes - Other

Rounding \$ -6

Book / Tax Depreciation Difference \$ 1

Part XIII, Line 4b - Expense Amounts Included on Return - Other

Rounding \$ -6

Book / Tax Depreciation Difference \$ 1

**Part XIV** Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		<u>Celebrate Pass</u> (event type)	<u>Christmas Cards</u> (event type)	<u>1</u> (total number)	
Revenue	1 Gross receipts	115,542	54,026	6,893	176,461
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	115,542	54,026	6,893	176,461
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary: Add lines 4 through 9 in column (d)				
	11 Net income summary: Combine line 3, column (d), and line 10				176,461

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7 Direct expense summary: Add lines 2 through 5 in column (d)					
8 Net gaming income summary: Combine line 1, column d, and line 7					

- 9 Enter the state(s) in which the organization operates gaming activities
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		



**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility
- b** An outside facility

		Yes	No
<b>13a</b>	%		
<b>13b</b>	%		

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address of the third party

Name ►

Address ►

**16** Gaming manager information.

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
     
 ☐ Employee
     
 ☐ Independent contractor
**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$



56-1544532

Schedule I (Form 990) 2009 **Rowan Helping Ministries****Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Clothing	9964		125,710	\$10/person	
Food donated	20000		270,840	\$1/lb	
Food donated	69534		137,874	\$1.50/meal	
Food purchased	829	16,645		Cost	
Food purchased	277	5,562		Cost	
Food purchased	5	96		Cost	
Medicine	883		34,718	Cost	
<b>Part IV</b> Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

**► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

## Rowan Helping Ministries

**Employer identification number**  
**56-1544532**

## Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

[illegible]

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

Schedule I-1 (Form 990) 2009



**SCHEDULE M**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**▶ Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009****Open To Public  
Inspection**

Name of the organization

**Rowan Helping Ministries**Employer identification number  
**56-1544532****Part I** **Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	<b>X</b>		<b>125,709</b>	<b>\$10 per person</b>
6 Cars and other vehicles				
7 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				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	<b>X</b>	<b>265301</b>	<b>415,707</b>	<b>\$1.50/Meal, \$1/lb Grocery</b>
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 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**29**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?

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?32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 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

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>
33		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

---

**SCHEDULE O**

(Form 990)

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

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

Rowan Helping Ministries

Employer identification number

56-1544532

**Form 990, Part III, Line 4d - All Other Achievements**

Misc. programs, including Eagles's Nest, transitional housing for single parents; Eagle's Nest II, transitional housing for single individuals; Case Management and Budget Counseling; RHM West, serving western Rowan County; etc.

**Form 990, Part VI, Line 11A - Organization's Process to Review Form 990**

The Executive Committee reviews the Organization's tax return prior to filing for completeness and accuracy.

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

The Executive Director and all managers have day to day involvement with all employees, and continually monitor Conflict of Interest Policy.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

Executive Committee periodically reviews relevant data and sets salary level. Minutes of deliberations are contemporaneously maintained.

**Form 990, Part VI, Line 15b - Compensation Process for Officers**

Executive Committee periodically reviews relevant data and sets salary. Minutes of deliberations are contemporaneously maintained.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Upon request.



Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**Rowan Helping Ministries**

Identifying number

**56-1544532**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>19,219</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	<b>19,219</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

**There are no amounts for Page 2**

ROWAN HELPING MINISTRIES  
BOARD OF DIRECTORS  
2009/2010

Ms. Judith R. Banish  
*Chair*

Mrs. Xzantippa H. Miller  
*Vice-Chair*

Mr. David L. Lee  
*Treasurer*

Mrs. Eunice H. Steimke  
*Secretary*

Mrs. Rebecca K. Clement

Mr. Robert J. Craig-deceased

Mr. Stephen J. Drinkard

Mr. Harold C. Earnhardt

Mr. N. John Errante

Ms. Jennifer C. Gardner

Dr. Joel S. Goodwin

Mrs. Diane B. Hundley

Ms. Deborah F. Johnson

Mrs. Gail K. Kimball

Mr. Nicholas E. Langdon

Ms. Rosalind C. Lindsay

Mr. James R. McDermott

Mr. Nathan C. Prater

Rev. Kenneth H. Saunders, III (*resigned 5-18-10*)

Mr. Steven C. Shirley (*resigned 4-20-10*)

Mr. Thomas A. Staats

Mrs. Linda M. White

Mrs. Jean M. Wurster

**RHM BOARD CONTACT LIST**

updated 5/20/10

LAST NAME	FIRST NAME	CLASS	ADDRESS	HOME PHONE	WORK PHONE	OTHER
BANISH <i>Retired (American Red Cross)</i>	Judith R. (Judy) Chair	2010	1001 Overhill Road Salisbury, NC 28144	704-633-1878 JUDYBARC@aol.com		980-234-0741 C
CLEMENT <i>F&amp;M Bank Branch Manager</i>	Rebecca K	2010	2000 Robin Road Salisbury, NC 28144	704-213-2507 rclement@fmbnc.com	704-636-5165 ext 201	704-636-6782 C
DRINKARD <i>Owner, Midrange Solutions, Inc.</i>	Stephen J. (Steve) Ex. Comm.	2012+	470 Quail Drive Salisbury, NC 28147	704-645-0160 steve@midsolinc.com		704-640-4252 C
EARNHARDT <i>Retired/USAF</i>	Harold C.	2010+	210 N. Hambley Street Rockwell, NC 28138	704-279-3917 hearnhardt@carolina.rr.com		
ERRANTE <i>Self Employed</i>	N John (Jack)	2011+	416 Windson Drive Salisbury, NC 28144	704-636-8656 jerrante@carolina.rr.com		704-640-7264 C
GARDNER <i>Food Lion Government Relations</i>	Jennifer C.	2011+	13916 Island Drive Huntersville, NC 28078	704-948-1571 jcgardner@foodlion.com	704-633-8250x2125	704-960-8154 C
GOODWIN <i>Retired Physician</i>	Dr. Joel S	2012	412 Richmond Road Salisbury, NC 28144	704-633-6515 jgoodwin5@carolina.rr.com		704-277-0996 C
HUNDLEY <i>Director of Mktg. &amp; Sales</i>	Diane Ex. Committee	2012+	1201 Overhill Road Salisbury, NC 28144	704-637-2970 dianehundley@bellsouth.net	704 633-1002 x477	704 433-1382 C 704 636-5038 F
JOHNSON <i>Livingstone College</i>	Deborah F. (Dee)	2011+	701 W. Monroe Street Salisbury, NC 28144	704-639-1162 djohnso@livingstone.edu	704-216-6118	704-798-1713 C 704-216-6246 F
KIMBALL <i>Retired Nurse Practitioner</i>	Gail K.	2010	1624 Bellevue Drive Salisbury, NC 28144	704-633-2513 rkimball2@carolina.rr.com		704-213-2971 C
LANGDON <i>Retired (Ingersoll Rand)</i>	Nicholas E. (Nick)	2011	402 White Oak Drive Salisbury, NC 28147	704-633-2097 nlangdon@carolina.rr.com		704-798-8863 C
LEE <i>Retired (Celanese)</i>	David L Treasurer	2011	2021 Brenner Avenue Salisbury, NC 28144	704-636-6650 leefam2021@bellsouth.net		704-232-2832 C
LINDSAY <i>Retired Social Worker</i>	Rosalind C. (Roz)	2010+	218 Newsome Road Salisbury, NC 28146	704-633-3627 rlindsay11@yahoo.com		704-433-4899 C
MCDERMOTT <i>Banker, SunTrust Bank</i>	James R (Jim)	2012+	P.O. Box 1781 Salisbury, NC 28145		704-647-3212 james.mcdermott@suntrust.com	704-999-1867 C
MILLER <i>Community Volunteer</i>	Xzantippa H. (Tippie)	2011	415 Confederate Ave Salisbury, NC 28144	704-633-5806 xzanmill@bellsouth.net		704-640-0248 C
PRATER <i>Attorney, Food Lion</i>	Nathan C.	2012	285 Graceland Place Salisbury, NC 28146	704-279-8999 nprater@foodlion.com	704-633-8250x2686	704-645-6577 F
STAATS <i>Retired</i>	Thomas A. (Tom)	2012+	531 Confederate Avenue Salisbury, NC 28144	704-639-1545 tstaats@carolina.rr.com		704-245-4838 C
STEIMKE <i>Retired (VA Medical Center)</i>	Eunice	2012+	515 Muirfield Way Salisbury, NC 28144	704-2127167 eunipup@aol.com		757-291-9075 C
WHITE <i>Retired (Wachovia Bank)</i>	Linda M.	2010+	11 Pickett Avenue Spencer, NC 28159	704-637-7334 pchip@bellsouth.net		704-639-6028 C
WURSTER <i>Catawba College Librarian</i>	Jean M. Ex. Committee	2010+	504 Camelot Drive Salisbury, NC 28144	704-636-7136 jwurster@catawba.edu	704-637-4214	704-798-8059 C
RHM Office	704-637-6838		Shelter: 704-637-9355	rhm@rhmail.org		
SCOTT <i>Executive Director</i>	Dianne K.		2527 West Innes Street Salisbury, NC 28144	704-638-9998 dscott@rhmail.org		704-433-8180 C

56-1544532

## Federal Asset Report

FYE: 6/30/2010

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
2	Water fountain	9/25/90	1,135				1,135	7	MO200DB	1,135	0
4	Shelving	5/01/91	1,633				1,633	7	MO200DB	1,633	0
6	Sign (lettering)	2/25/91	777				777	7	MO200DB	777	0
8	Signs (17) outside/inside	4/08/93	1,303				1,303	7	MO200DB	1,303	0
9	Security camera (3)	7/02/90	2,599				2,599	7	MO200DB	2,599	0
10	Security camera (1)	4/07/91	1,850				1,850	7	MO200DB	1,850	0
11	Utility trucks (2)	10/18/91	385				385	7	MO200DB	385	0
13	VCR & TV	12/12/89	609				609	5	MO200DB	609	0
22	Work tables 30x72 (12)	12/21/89	800				800	5	MO200DB	800	0
23	Gas Range	10/09/90	1,449				1,449	7	MO200DB	1,449	0
24	Stainless 3-sec refrigerator	12/10/90	4,224				4,224	7	MO200DB	4,224	0
26	Floor Machine	9/30/92	895				895	7	MO200DB	895	0
27	Typhoon Vacuum/Attachment TS	9/30/92	996				996	7	MO200DB	996	0
30	Bookcases (6)	12/21/89	450				450	5	MO200DB	450	0
42	Modular seating units	3/30/95	3,218				3,218	7	MO S/L	3,218	0
43	Table	6/28/96	750				750	7	MO200DB	750	0
44	Conference room chairs	5/07/97	1,200				1,200	7	MO S/L	1,200	0
45	Disposal	2/15/90	566				566	7	MO200DB	566	0
46	Modular cube	2/15/90	1,415				1,415	7	MO200DB	1,415	0
47	Ice bin	2/15/90	445				445	7	MO200DB	445	0
48	Work table 72x24 cross	2/15/90	438				438	7	MO200DB	438	0
49	Work table 72x24 shelf	2/15/90	436				436	7	MO200DB	436	0
50	2 compartment sink	2/15/90	593				593	7	MO200DB	593	0
53	Kitchen fans 2	8/09/90	802				802	7	MO200DB	802	0
54	Refrigerator	5/03/96	500				500	7	MO200DB	500	0
55	Walk-in-freezer	12/31/95	6,184				6,184	20	MO S/L	4,174	309
56	Wiring to freezer	1/02/96	953				953	20	MO S/L	644	48
57	Installation fees - freezer	2/20/96	962				962	20	MO S/L	650	48
59	Pentium II, 1 Pent File server	3/30/99	2,929				2,929	5	MO S/L	2,929	0
60	Pent II 333, 1 Pent II file server	3/30/99	2,728				2,728	5	MO S/L	2,728	0
61	Furniture and fixtures	11/07/97	9,415				9,415	7	MO200DB	9,415	0
62	Kitchen building improvements	8/24/99	18,837				18,837	7	MO S/L	18,837	0
63	Dishwasher/sink	8/24/99	7,000				7,000	7	MO S/L	7,000	0
64	Griddles	8/24/99	9,000				9,000	7	MO S/L	9,000	0
65	Front trim kitchen	8/31/99	276				276	7	MO200DB	276	0
66	Salisbury fire appliance	9/09/99	66				66	7	MO S/L	66	0
67	400MHz Computer system	11/18/99	742				742	5	MO S/L	742	0
68	Telephone system	6/11/01	8,000				8,000	5	MO S/L	8,000	0
69	Cots (50)/ covers (20)	12/13/90	3,230				3,230	7	MO S/L	3,230	0
71	Utility Truck	2/15/90	140				140	7	MO S/L	140	0
73	Window installation	5/11/01	1,956				1,956	7	MO S/L	1,956	0
74	Scales	1/01/01	600				600	7	MO S/L	600	0
75	Fundraising software	1/01/01	6,010				6,010	5	MO S/L	6,010	0
76	Ice Machine	8/30/01	1,842				1,842	7	MO S/L	1,842	0
77	Microsoft software	6/30/02	19,171				19,171	5	MO S/L	19,171	0
78	11 PCs and File Server	11/01/02	19,163				19,163	5	MO S/L	19,163	0
79	6 Printers	11/01/02	1,031				1,031	5	MO S/L	1,031	0
82	Office furniture	10/16/03	6,746				6,746	10	MO S/L	3,823	675
83	Carpet	10/16/03	822				822	40	MO S/L	117	20
84	File drawer & bookcase	10/30/03	542				542	10	MO S/L	307	54
85	Copier - Copy Service Supply	9/30/03	4,703				4,703	10	MO S/L	2,705	470
87	Copier	8/05/04	4,395				4,395	10	MO S/L	2,161	439
88	Filing system	7/29/04	16,203				16,203	10	MO S/L	7,966	1,621
90	Dryer	3/24/05	4,641				4,641	10	MO S/L	1,972	465
91	Washing machine	2/17/05	4,041				4,041	10	MO S/L	1,751	404
93	8 Gallon Water Cooler	7/14/05	749				749	7	MO S/L	428	107
94	Kitchen Area Outdoor Unit	11/23/05	2,464				2,464	15	MO S/L	589	164
95	Carpet - 6 rooms	8/10/05	1,406				1,406	15	MO S/L	367	94
96	Office Furniture (Desk, chair & filing cabin-	10/17/05	1,310				1,310	10	MO S/L	480	131
97	Office Furniture (Desk, chair & filing cabin-	8/23/05	8,435				8,435	10	MO S/L	3,233	844
98	Paint - 6 offices	8/10/05	700				700	15	MO S/L	183	46
99	Piano	3/02/06	2,800				2,800	30	MO S/L	311	93
100	Furniture & Fixtures	6/18/07	1,960				1,960	7	MO S/L	560	280
101	Furniture & Fixtures	6/28/07	8,353				8,353	7	MO S/L	2,387	1,193
102	Leonard 16' Trailer	9/28/06	4,800				4,800	7	MO S/L	1,886	685
103	Furniture & Fixtures	6/28/07	5,522				5,522	7	MO S/L	1,578	788
104	Refrigerator	11/15/07	3,993				3,993	7	MO S/L	951	570
105	Shelter Mailboxes	4/24/08	1,351				1,351	7	MO S/L	225	193

• 56-1544532

## Federal Asset Report

FYE: 6/30/2010

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
106	Mats	4/17/08	880				880	7 MO S/L	147	125
107	F&M Refurbishments	6/30/08	3,644				3,644	15 MO S/L	243	243
108	F&M Office Furniture	10/18/07	14,927				14,927	7 MO S/L	3,554	2,133
109	F&M TV for Shelter	10/18/07	1,081				1,081	7 MO S/L	257	155
110	Folding Tables & Chairs	2/14/08	2,464				2,464	7 MO S/L	499	352
111	Tea Brewers & Dispensers	2/14/08	825				825	7 MO S/L	167	118
112	Warmers	2/21/08	764				764	7 MO S/L	146	109
113	HVAC Beaver Bro	5/08/08	30,000				30,000	15 MO S/L	2,333	2,000
114	2 Heat Pumps dorm area	6/26/09	19,889				19,889	15 MO S/L	0	1,326
115	Radiant Floor System	4/22/09	3,750				3,750	15 MO S/L	42	250
116	Light Fixtures Target	1/09/09	2,604				2,604	7 MO S/L	186	372
117	Laundry Room renovations	4/29/09	1,404				1,404	39 MO S/L	6	36
118	Downspouts, admin	6/29/09	2,962				2,962	39 MO S/L	0	76
119	4 Dell Vostra 220 computers	6/18/09	2,428				2,428	5 MO S/L	0	486
120	McThrift Furniture, Interview	12/17/09	1,035				1,035	7 MO S/L	0	74
121	U-shaped Desk, Josh	12/23/09	559				559	7 MO S/L	0	40
122	Fire Suppression System	2/22/10	1,109				1,109	15 MO S/L	0	25
123	Shelter Cabinets	2/10/10	1,085				1,085	7 MO S/L	0	65
124	Wall for Cabinets, Shelter	9/27/09	875				875	7 MO S/L	0	94
125	Kitchen Ceiling	2/02/10	2,160				2,160	39 MO S/L	0	23
126	Loading Dock Enclosure	3/19/10	6,640				6,640	39 MO S/L	0	43
127	Kitchen Ceiling Insulation	3/08/10	1,050				1,050	39 MO S/L	0	9
128	Lektiever Filing System	5/20/10	12,930				12,930	7 MO S/L	0	154
129	Dell, 5 Vostra 220, 1 Vostra 420	7/23/09	4,645				4,645	5 MO S/L	0	852
130	SCS 4 Security Cameras & DVR	7/30/09	1,771				1,771	7 MO S/L	0	232
131	Chapman Sign	3/25/10	813				813	7 MO S/L	0	29
132	3 DFP-1 16-Key Phones	3/11/10	860				860	5 MO S/L	0	57
<b>Total Other Depreciation</b>			<u>358,793</u>				<u>358,793</u>		<u>188,632</u>	<u>19,219</u>
<b>Total ACRS and Other Depreciation</b>			<u>358,793</u>				<u>358,793</u>		<u>188,632</u>	<u>19,219</u>
<b>Grand Totals</b>			358,793				358,793		188,632	19,219
<b>Less: Dispositions and Transfers</b>			0				0		0	0
<b>Less: Start-up/Org Expense</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>358,793</u>				<u>358,793</u>		<u>188,632</u>	<u>19,219</u>