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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

104-740-6430

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

| Department of Internal Rever | f the Treasury | ► Attech | to Form 990 or Form 990- | ez. 🕨 | See se | aparate | instructi | ons. | | | Inspect | ion |
|---------------------------------|----------------------|-------------------|--|--------------------------|--|-----------------------|---|-------------|--------------|--|-------------------|----------------|
| Name of the | organization | | | | | | | Employ | yer ident | ificatio | on numb | o r |
| | C CANNON CHR | | | | | | | <u> </u> | <u> 56-6</u> | | 73 | ···. |
| | | | : (All organizations mu | | | | | | uctions | <u> </u> | | |
| | | | ause it is: (For lines 1 thro | | | | | | | | | |
| | | | association of churches d | | ed in s | ection | 170(b)(| 1}(A)(i). | | | | |
| | | | 1)(A)(ii), (Attach Schedul | | | . 470/ | | ## ! | | | | |
| | | | ervice organization descri | | | | | | 170/ | .1/93// | aren e | المام المعاملة |
| | | • | erated in conjunction wi | un a n | ospita | descri | ibea in | section | 1 170(2 |)(1)(<i>p</i> | i)(III). C | nter the |
| | hospital's name, cit | | nefit of a college or univ | ersity / | | Or AD | arated b | | vernme | ntal u | nit doc | cebed u |
| | section 170(b)(1)(A | | | CIDICY | J 111100 | or op. | | y ¢ go | • CITTING | | THE GEA | 311000 11 |
| | | | or governmental unit desc | ribed i | n secti | ion 170 |)(b)(1)(<i>A</i> | 1)(v). | | | | |
| | | | es a substantial part of it | | | | | | it or fro | m th | e gener | al public |
| | _ | • | (Complete Part II.) | | | _ | | | | | Ü | • |
| | | | n 170(b)(1)(A)(vi). (Com | plete P | art II) | | | | | | | |
| | | | es: (1) more than 331/3% | | | | | | | | | |
| | | | exempt functions - subj | | | | | | | | | |
| | | | ome and unrelated busi | | | | | | 511 | tax) f | rom bu | sinesses |
| | | | ie 30, 1975. See section | | | | | | | | | |
| | | | ed exclusively to test for | | | | | | | _ | | |
| | | | rated exclusively for the ported organizations de | | | | | | | | | |
| | | | es the type of supporting | | | | | | | | | Section |
| | Type I | b Type | | | | | | 11100 1 | | _ | e III - Ot | her |
| | | | the organization is not | | | | | rectly | | | | |
| | | | gers and other than one | | | | | | | | | |
| | 509(a)(1) or section | | - | | | | | | | | | |
| f | f the organization | received a writte | n determination from th | e IRS | that it | ıs a T | ype i, 1 | ype II, | or Typ | e III s | upporti | |
| | organization, check | this box | | | | | | | | | | X |
| | | | nization accepted any gift | or con | tributi | on fron | n any of | the | | | | |
| | following persons? | | al . a ta abaa alaa | | | | | 1 | a . | <i>(</i> , , , | ī | V Al- |
| ! | | | ectly controls, either alor dy of the supported organ | | | | | | noea in | (11) | 11g(i) | Yes No |
| | | | cribed in (i) above? | nzauon | ٠ | • • • • | • • • • | • • • • | • • • • | • • • | 11g(f) | X |
| | • | • | on described in (i) or (ii) a | bove? | • • • | • • • • | • • • • | • • • • | | • • • | 11g(iii) | X |
| | | | out the supported organize | | | | | | | • • • | <u></u> | |
| | ne of supported | (ii) EIN | (iii) Type of organization | | s the | (v) Did y | ou notify | (vI) | is the | (| vii) Amou | int of |
| 0 | rgenization | | Idescribed on lines 1-9 above or IRC section | col (I) listed in In col | | anization L (1) of | | | | | π | |
| | | | (see instructions)) | | | | | | U.S.7 | | | |
| | | | | Yes | No | Yes | No | Yes | No | | | |
| (A) | | | | 1 | | | | | | | | |
| | EE PART IV | | | | | | | | 1 | | | |
| (B) | | | | 1 | | 1 | | | | | | |
| | | | | - | | |] | - | | | | |
| (C) | | | | | | • | | } | | | | |
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| (6) | | | | <u> </u> | | | | | | | | |
| | | | , | 1 | | | | | | | | |
| Total | | L | | <u> </u> | | <u> </u> | <u>i </u> | <u> </u> | <u> </u> | <u> </u> | | |

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

Schedule A (Form 990 or 990-EZ) 2011

14-240-6430

| | ula A (Form 990 or 990-EZ) 2011 | | | | | | Page 2 |
|-------|--|---|--------------------------------|---|---------------------------------------|--|------------------|
| Part | II Support Schedule for Or | ganizations D | escribed in S | sections 170(| b)(1)(A)(iv) ar | id 170(b)(1)(A | ()(vi) . |
| | (Complete only if you check | ked the box or | line 5, 7, or | 8 of Part I or If | the organizati | on failed to qu | alify under |
| | Part III. If the organization f | ails to qualify | under the test | s listed below, | please compl | ete Part III.) | |
| Sect | ion A. Public Support | | | , | | —————————————————————————————————————— | N/A |
| Caler | dar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received, (Do not | | | | | | |
| 2 | include any "unusual grants ") Tax revenues levied for the | | | | | | |
| _ | organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total Add lines 1 through 3 | Table 1. Alexandr 2 de la Marie (Marie de La Partier) | a contraction of the second of | Les maries des English and 12 million and 200 | CANOLINAMINAL SALESINGUAS | 2/20/20/20/20/20/20/20/20/20/20/20/20/20 | |
| 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 1-1,-column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | 经国际政治实现 | | | | | · · |
| Sec | tion B. Total Support | | | | · · · · · · · · · · · · · · · · · · · | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | | | - | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royaltles and income from similar sources | | | | - | | - |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | ··· |
| 11 | Total support. Add lines 7 through 10 - | | 此為自己的問題 | | | THE PARTY | |
| 12 | Gross receipts from related activities, etc. (| see instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is | | | | | | |
| _ | organization, check this box and stop here | | | | · · · · · · · · · · · · · · · · · · · | _ <u> </u> | |
| | tion C. Computation of Public Sup | | | 11 aniuma (fl) | | 14 | |
| 14 | Public support percentage for 2011 (Public support percentage from 2010 | | | | | | |
| 15 | 331/3% support test - 2011. If the | Schedule A, Pa | irt II, IITE 14 | hov on line 13 | and line 14 is | : 331/3% or mo | |
| 168 | 331/3% support test - 2011. If the | organization oid | not check the | rted ereseizatio | , and the 14 is | 331/3/6 01 1110 | no, check |
| | this box and stop here. The organizat 331/3% support test - 2010. If the | on quaimes as i | a publicity supple | hav an line 12 | or 16e and Bo | | or more |
| Þ | check this box and stop here. The org | urganization did | i not check a l | CHUNDOLEY OLG | anizetion | C 10 10 00 1/3 /0 | ▶ □ |
| 43. | 10%-facts-and-circumstances test - | 2011 16 +ha a- | res as a publici) | not check a how | on line 12 16 | a or 16h and l | ine 14 is |
| 1/3 | 10%-racts-and-circumstances test - | AVII. II LIIT OI n maate tha "fa | acte and current | stances" test of | seck this box a | nd stop here F | ixolain in |
| | Part IV how the organization meets | the "facts and-c | urcumstances | test. The organ | ization qualifies | as a publicly s | upported |
| | organization | | | | | | ▶ |
| L | 10%-facts-and-circumstances test | 2010. If the or | ganization did | not check a box | x on line 13. 16 | Sa. 16b. or 17a. | and line |
| Q | 15 is 10% or more, and if the org | ranization meet | s the "facts-an | d-circumstances | " test, check ! | his box and st | op here. |
| | Explain in Part IV how the organizat | ion meets the | facts-and-circus | nstances" test | The organization | on qualifies as a | publiciv |
| | supported organization | | | | | | |
| 18 | and the second of the second o | n did not check | a box on line 1: | 3, 16a, 16b, 1 7 a | , or 17b, check | this box and see | • |
| , 0 | instructions | | | | | | _ [[|
| — | | | | | | Schedule A (Form 9 | |

| | ule A (Form 880 or 890-EZ) 2011 | | | | | | Page |
|---------------------------|---|--|--|-----------------|---------------------------------------|--|---------------------------------------|
| Part | Support Schedule for Organ (Complete only if you checke | | | | ization failed | to qualify unde | r Part II |
| | If the organization fails to qua | | | | | | rantin. |
| Sect | ion A. Public Support | | | , p | | | N/A |
| _ | dar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Gifts, grants, contributions, and membership fees | | | | | | |
| | received (Do not include any "unusual grants") | | · | | | | |
| 2 | Gross receipts from admissions, merchandisa | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | ļ | | | |
| | 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 | | | 1 | | | |
| | to or expended on its behalf | | | | | | |
| | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | · | | |
| | received from disqualified persons | | | | | | |
| ь | Amounts included on lines 2 and 3 | | | 1 | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | · | | |
| 8 | Public support (Subtract line 7c from | | | | • | | |
| _ | line 6) | | | | | | |
| ect | ion B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2007 | (ь) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| - | Amounts from line 6 | | | | | - | |
| ua | payments received on securities losns, | | | | | | |
| | rents, royalties and income from similar | | 1 | | | | |
| L | EDUICES | | | | · · · · · · · · · · · · · · · · · · · | | ··········· |
| D | Unrelated business taxable income (less section 611 taxes) from businesses | | | | | | |
| | | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| 1 | Add lines 10a and 10b | | | | | | - |
| 1 | Net income from unrelated business activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly | | | | | | |
| | carried on | | | | | <u> </u> | |
| 2 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| _ | (Explain in Part IV.) | | | - | | | · · · · · · · · · · · · · · · · · · · |
| 3 | | | | | | 1 | |
| | and 12.) | the economic | n'e first second | third fourth or | fifth the vane | 10 3 contion 501/ | c)(3) |
| | · | - | • | | | | |
| 4 | organization check this how and stop here | | | | | | |
| | organization, check this box and stop here | ibort Percenta | | | • | 1 _ 1 | |
| ect | ion C. Computation of Public Sur | | | mn (f)) | | l 15 l | 9, |
| ect 5 | ion C. Computation of Public Sup Public support percentage for 2011 (line 8, | column (f) divide | d by line 13, colu | | | 15 | |
| ect 5 | ion C. Computation of Public Sup Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche | column (f) divide dule A. Part III, lir | d by line 13, colu ne 15 | | | | |
| ect 5 6 | ion C. Computation of Public Sup Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche ion D. Computation of Investmen | column (f) divide dule A. Part III, lir It Income Per | d by line 13, colu ne 15 centage | | | 16 | % % |
| ect 5 6 ect 7 | ion C. Computation of Public Sup Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche ion D. Computation of Investment Investment income percentage for 2011 (line) | column (f) divide dule A. Part III, lir I t Income Per ne 10c, column (f | d by line 13, colune 15 centage f) divided by line | 13, column (f)) | | 16 | 9/ |
| ect 6 ect 7 | ion C. Computation of Public Sup Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche ion D. Computation of Investmen | column (f) divide dule A, Part III, lir I t Income Per ne 10c, column (f Schedule A, Part | d by line 13, colund 15 | 13, column (f)) | | 16 17 18 | 9 9 9 |

line 18 is not more than 331/3%, 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, 19s, or 19b, check this box and see instructions.

DWE650 5892 07/30/2012 14:44:07

JSA 161221 1000 Schedule A (Form 990 or 990-EZ) 2011

Schodule A (Form 990 or 990-EZ) 2011 Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Page 4

Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions). SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS NAME OF SUPPORTED ORGANIZATION: Grandfather Home EIN: 56-0529975 TYPE OF ORGANIZATION FROM PART I: 501(c)3 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: 87,462 NAME OF SUPPORTED ORGANIZATION: Concord Fire Dept EIN: 56-6001207 TYPE OF ORGANIZATION FROM PART I: 501(c)3 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES 87,462 NAME OF SUPPORTED ORGANIZATION: Nazareth Children Home EIN: 56-0556754 TYPE OF ORGANIZATION FROM PART I: 501(c)3 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: 87,462. NAME OF SUPPORTED ORGANIZATION: Forest Hill UM Church EIN: 56-6003493 TYPE OF ORGANIZATION FROM PART I: 501(c)3 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES 87,462. AMOUNT OF SUPPORT: NAME OF SUPPORTED ORGANIZATION: Barium Springs Home EIN: 56-0529993 TYPE OF ORGANIZATION FROM PART I: 501(c)3 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: 87,462. Schedule A (Form 990 or 890-EZ) 2011

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. Also complete this part for any additional information. (See instructions). SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C NAME OF SUPPORTED ORGANIZATION: Masonic Home for Children EIN: 56-0603924 TYPE OF ORGANIZATION FROM PART I: 501(c)3 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: 87,462. NAME OF SUPPORTED ORGANIZATION: American Childrens Home EIN: 56-0340748 TYPE OF ORGANIZATION FROM PART I: 501(c)3 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT? YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES 87,462. AMOUNT OF SUPPORT: NAME OF SUPPORTED ORGANIZATION: Stonewall Jackson School EIN: 56-2134265 TYPE OF ORGANIZATION FROM PART I: 501(c)3 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES . NAME OF SUPPORTED ORGANIZATION: Children's Home Inc EIN: 56-0547495 TYPE OF ORGANIZATION FROM PART I: 501(c)3 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S ?: YES 87,462. AMOUNT OF SUPPORT: NAME OF SUPPORTED ORGANIZATION: Cabarrus Cnty Boys Club EIN: 56-0577630 TYPE OF ORGANIZATION FROM PART I: 501(c)3 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: 874,620. TOTAL SUPPORT: