

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)

2007

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning **2007**, and ending **20**

- 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 EASTERN CATAWBA COOPERATIVE		D Employer identification number 56-0946753
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (828) 465-1702
	City or town, state or country, and ZIP + 4 NEWTON NC 28658-0031		F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **▶**

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **▶**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: **▶**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 454,023**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

1	Contributions, gifts, grants, and similar amounts received			
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b	373,547	
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ 373,547 noncash \$)	1e	373,547	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	5,976	
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
7	Other investment income (describe ▶)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
8d		8d		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> STM101			
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a	22,640	
b	Less direct expenses other than fundraising expenses	9b	5,642	
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	16,998	
10a	Gross sales of inventory, less returns and allowances	10a	51,860	
b	Less cost of goods sold	10b	3,464	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	48,396	
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	444,917	
13	Program services (from line 44, column (B))	13	322,454	
14	Management and general (from line 44, column (C))	14	81,083	
15	Fundraising (from line 44, column (D))	15	0	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses. Add lines 16 and 44, column (A)	17	403,537	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	41,380	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	974,319	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,015,699	

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Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23	161,074	161,074		
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers, directors, key employees, etc listed in Part V-A	25a				
b	Compensation of former officers, directors, key employees, etc listed in Part V-B	25b				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	150,866	114,682	36,184	
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29	11,541	8,773	2,768	
30	Professional fundraising fees	30				
31	Accounting fees	31	4,190		4,190	
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34	1,421	1,421		
35	Postage and shipping	35	2,129	2,129		
36	Occupancy	36				
37	Equipment rental and maintenance	37	2,185	2,185		
38	Printing and publications	38				
39	Travel	39	1,100		1,100	
40	Conferences, conventions, and meetings	40	16		16	
41	Interest	41	835		835	
42	Depreciation, depletion, etc (attach schedule)	42	35,990		35,990	
43	Other expenses not covered above (itemize).					
a	OTHER	43a	32,190	32,190		
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	403,537	322,454	81,083	0

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► AID THE NEEDY	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a See SERVICES 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	52,340
b See SERVICES 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	108,733
c 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	161,073

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
A s s e t s	45 Cash - non-interest-bearing	125,513	45	68,196
	46 Savings and temporary cash investments	58,076	46	168,848
	47 a Accounts receivable 47a			
	b Less allowance for doubtful accounts 47b		47c	
	48 a Pledges receivable 48a			
	b Less allowance for doubtful accounts 48b		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule) 51a			
	b Less allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis 55a			
	b Less accumulated depreciation (attach schedule) 55b		55c	
	56 Investments - other (attach schedule)		56	
	57 a Land, buildings, and equipment basis 57a 867,745			
	b Less: accumulated depreciation (attach schedule) 57b 94,492 STM116		57c	773,253
	58 Other assets, including program-related investments (describe <input type="checkbox"/> <u>STM117</u>)	8,897	58	10,563
	59 Total assets (must equal line 74) Add lines 45 through 58	192,486	59	1,020,860
L i a b i l i t i e s	60 Accounts payable and accrued expenses	2,618	60	5,162
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	22,963	64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
	66 Total liabilities. Add lines 60 through 65	25,581	66	5,162
N e t A s s e t s o r F u n d B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	51,777	67	104,312
	68 Temporarily restricted	922,542	68	911,387
	69 Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	974,319	73	1,015,699
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	999,900	74	1,020,861

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	444,917
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	444,917
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	444,917

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	403,537
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	403,537
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	403,537

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
REV BOB SILBER	SECRETARY			
P O BOX 1390 NEWTON NC 28658	1	0	0	0
TOM MOSER	TREASURER			
P O BOX 665 CONOVER NC 28613	1	0	0	0
MIKE GROCE	PRESIDENT			
1393 KNOLLS DRIV NEWTON NC 28658	1	0	0	0
JIM PERRY	PRESIDENT			
P O BOX 467 NEWTON NC 28658	2	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (19), 75b (X), 75c (X), and 75d (X).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b (N/A), 79, 80a, 80b, 81a, and 81b.

Part III Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders		
	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		
	88b		
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
	89b		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	89e		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	89g		
90a	List the states with which a copy of this return is filed		
	NORTH CAROLINA		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	10
91a	The books are in care of		
	SHERRILL ACCT SERVICE Telephone no.		828-464-4818
	Located at		19 EAST A STREET NEWTON NC ZIP + 4 28658-0492
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)? 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.		
	91b		X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Membership dues, Interest on savings, Dividends, Net rental income, Other investment income, Gross profit, and Subtotal.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI

Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here

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.

Signature of officer: Joey S. Benton Date: 5/12/08

Type or print name and title: JOEY E. BENTON, Executive Director

Paid Preparer's Use Only

Preparer's signature: Mindy Shell Date: 05-07-2008 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst X): 900057517

Firm's name (or yours if self-employed), address, and ZIP + 4: SHERRILL ACCOUNTING SERVICE EIN: 56-2116483

P O BOX 492 Phone no: 8284644818

Newton, NC 28658-0492

Part III Statements About Activities (See page 2 of the instructions)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property? 2a X

b Lending of money or other extension of credit? 2b X

c Furnishing of goods, services, or facilities? 2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d X

e Transfer of any part of its income or assets? 2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) 3a X

b Did the organization have a section 403(b) annuity plan for its employees? 3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g 4a X

b Did the organization make any taxable distributions under section 4966? 4b X

c Did the organization make a distribution to a donor, donor advisor, or related person? 4c X

d Enter the total number of donor advised funds owned at the end of the tax year 0

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year 0

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year 0

Part III Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	434,168	812,373	310,397	184,101	1,741,039
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	59,780	30,346	28,254	27,283	145,663
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,693	5,209	2,335	0	11,237
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	156	3,000	0	3,156
23 Total of lines 15 through 22	497,641	848,084	343,986	211,384	1,901,095
24 Line 23 minus line 17	437,861	817,738	315,732	184,101	1,755,432
25 Enter 1% of line 23	4,976	8,481	3,440	2,114	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 35,109
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 1,755,432
d Add Amounts from column (e) for lines 18 11,237 19 _____					26d 14,393
22 3,156 26b _____					
e Public support (line 26c minus line 26d total)					26e 1,741,039
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.18%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year	(2006) _____ (2005) _____ (2004) _____ (2003) _____				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2006) _____ (2005) _____ (2004) _____ (2003) _____				
c Add Amounts from column (e) for lines 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____					
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15.					

Name(s) as shown on return

FEIN

EASTERN CATAWBA COOPERATIVE

56-0946753

DIRECT SUPPORT 1A

Description	Amount
CHURCH MEMBER CONTRIBUTIONS	\$ 135,354
GENERAL ASSISTANCE	59,085
DUKE POWER SHARE THE WARMTH ASSISTANCE	12,651
SALES TAX REFUNDS	664
FEMA FUNDS	10,000
MEMORIALS INCOME	9,812
ENDOWMENT FUND CONTRIBUTIONS	85,688
DUKE POWER SHARE THE WARMTH MATCHING FUNDS	1,600
FEINSTEIN FOOD ASSISTANCE	23,189
DUKE-BPM FUEL CONTRIBUTION	7,819
CASH REGISTER OVERAGES FROM CLOTHING SALES	9
CARLISLE ASSISTANCE GRANT	7,500
UNIFOUR FOUNDATION GRANT	20,000
MISCELLANEOUS INCOME	176
Total:	\$ 373,547

LINE 23 SPECIFIC ASSISTANCE

Description	Amount
FOOD FOR THE NEEDY	\$ 28,422
UTILITIES AND RENT FOR THE NEEDY	36,028
PHARMACY ASSISTANCE	4,861
HEATING & COOLING FOR THE NEEDY THROUGH DUKE ENERGY FUND	17,425
FEMA ASSISTANCE FOR FOOD FOR THE NEEDY	10,000
DUKE ENERGY SPECIAL HEAT ASSISTANCE THROUGH BPM PROGRAM	40,320
CARLISLE ASSISTANCE FUNDS FOR THE NEEDY	7,500
UNIFOUR FOUNDATION ASSISTANCE FUNDS FOR THE NEEDY	16,418
MAIDEN CRISIS GRANT FOR UTILITIES	100
Total:	\$ 161,074

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

2007 Attachment Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

EASTERN CATAWBA COOPERATIVE CH MIN INC

NON PROFIT ASSISTANCE

56-0946753

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

Table with 5 rows for Section 179 election. Columns include line numbers and descriptions: 1 Maximum amount, 2 Total cost of section 179 property, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

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 instructions.)

Table with 3 rows for Special Depreciation Allowance. Columns include line numbers and descriptions: 14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property, 15 Property subject to section 168(f)(1) election, 16 Other depreciation (including ACRS).

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

Section A

Table with 2 rows for Section A. Columns include line numbers and descriptions: 17 MACRS deductions for assets placed in service in tax years beginning before 2007, 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.

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a-19g (3-year to 25-year property) and h-i (Residential rental and Nonresidential real property).

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 20a Class life, 20b 12-year, 20c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Summary. Columns include line numbers and descriptions: 21 Listed property, 22 Total, 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Statement of Program Service Accomplishments

2007 01

Name(s) as shown on return

Your Social Security Number

EASTERN CATAWBA COOPERATIVE

56-0946753

FORM 990, PART III (a)

Grants and Allocations \$0
Program Service Expenses \$52340
Includes Foreign Grants NO

Explanation

SERVICE CENTER, FOOD DISTRIBUTION, CLOTHING

Statement of Program Service Accomplishments

2007 01

Name(s) as shown on return

Your Social Security Number

EASTERN CATAWBA COOPERATIVE

56-0946753

FORM 990, PART III (b)

Grants and Allocations \$0
Program Service Expenses \$108733
Includes Foreign Grants NO

Explanation

CRISIS ASSISTANCE, UTILITY PAYMENTS, RENT ASSISTANCE
MEDICINE, BLOOD PRESSURE CHECKS, LEGAL AID AND
ADULT BASIC EDUCATION

Name(s) as shown on return

FEIN

EASTERN CATAWBA COOPERATIVE56-0946753OTHER EXPENSE 43a

Description	Amount
CROP WALK EXPENSE	\$ 52
CONCESSION SUPPLY EXPENSE	74
GENERAL INSURANCE	6,396
UTILITIES	10,786
DUES AND SUBSCRIPTIONS	1,450
OFFICE SUPPLIES	3,784
VOLUNTEER EXPENSES	49
LICENSES AND TAXES	718
INTERNET EXPENSE	633
MISCELLANEOUS EXPENSE	69
AUTO EXPENSE FOR DELIVERY VEHICLES	2,754
SECURITY EXPENSE	85
MAINTENANCE EXPENSE	2,163
ADVERTISING	3,177
Total:	\$ 32,190

CASH IN BANK

Description	Amount
CASH ON HAND	\$ 100
CASH IN BANK-OPERATIONS	32,135
CASH IN BANK-RESTRICTED CRISIS	11,398
CASH IN BANK-DUKE ENERGY BPM FOR 2007/2008	12,579
CASH IN BANK-ENDOWMENT FUND	9,190
CASH IN BANK-UNIFOUR FOUNDATION GRANT	2,794
Total:	\$ 68,196

CASH IN TEMPORARY SAVINGS-INTEREST BEARING

Description	Amount
CASH FOR CRISIS ASSISTANCE-CHRISTMAS BUREAU	\$ 17,279
CASH FOR DUKE ENERGY BPM PROGRAM 2008/2009	24,000
CASH IN CD-ENDOWMNT FUND	4,759
CASH IN CD-CRISIS/FOOD	23,164
CASH IN CD-OPERATING	72,076
CASH IN MONEY MARKET FOR ENDOWMENT FUND	27,570
Total:	\$ 168,848

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

Your Social Security Number

EASTERN CATAWBA COOPERATIVE

56-0946753

Statement #101

FORM 990, PART I, LINE 9 SPECIAL EVENTS SCHEDULE

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income
GOLF TOURNAMENT	22,640	—	22,640	5,642	16,998
TOTAL	<u>22,640</u>	<u>—</u>	<u>22,640</u>	<u>5,642</u>	<u>16,998</u>