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SCANMED BEC 22 2010

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Públic

Department of the Treasury

2007

Inten		venue Service		organization may have to use a copy of this	s return to sati	isfy state reportir	g requirements	inspection
	A F	or the 2007 calerdar	year, or t	ax year beginning	, ,	2007, and ending	1	, 20
	В	Check if applicable	Please	C Name of organization			D Employer identifica	etion number
	^	Address change	use IRS label or	ASSOCIATION OF EE SMITH ALU	DIA INM		56-1326	
	^	lame change	print or type.	Number and street (or PO box if mail is not deliver	ed to street addre	ess) Room/sute	E Telephone number	
		nitial return	See	PO BOX 1691				
	ੁ ⊺	ermnation	Specific Instruc-	City or town, state or country, and ZIP + 4			F Accounting method	X Cash Accrual
	^	mended return	tions.	Fayetteville N	C 28302	<u> </u>	Other (specify)	•
		Application pending		n 501(c)(3) organizations and 4947(a)(1) ronexempt cha		Hand I are not applica	able to secton 527 organ	izations
			trusts n	must attach a completed Schedule A (Form 990 or 990-	EZ). H	H(a) İsthısagroupr	etum for affiliates?	Yes X No
					1	H(b) If "Yes," enter n	umber of affiliates	•
<u>G W</u>	ebsite:	<u> </u>			H	H(c) Are all affiliates	ncluded?	Yes X No
J O	ganza	tion type (check only one)		X 501(c) (3) ◀ (insert no) 4947(a)(1)	or 527		a list See nstructions)	
K C	eck he	ere X fithe org	panization is n	not a 509(a)(3) supporting organization and its gross	; <u>[</u>	organization co	te return filed by an vered by a group ruling?	Yes X No
re	cepts a	are normally not more th	an \$25,000 .	A return is not required, but if the organization chooses		I Group Exempte	on Number	
to	file a r	eturn, be sure to file a comp	dete return				If the organization	
		cepts Add Ines 6b, 8b, 9b,	and 10b to li	ne 12 23,492		to attach Sc	h B (Form 990, 99	0-EZ, or 990-PF)
Pa	<u>rt l</u>			and Changes in Net Assets or F	und Balane	ces (See the	instructions)	
;/	1	· ·	- '	nd similar amounts received			J. no.	3
/	a			d funds	• • • • • • •	• • • 1a		The last of the la
	b	,	•	,		• • • 1b	511	77
	Ι\ .			cluded on line 1a) · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	REGOIV	'FD L'	
			_	ants) (not included on line 1a)		111-149-11		
	/e	Total (add lines 1a t)		e 511
	1 2			uding government fees and contracts (from	Part VII, line 9	93)NOA · 🞖 🔏 · 🧸		2
	3	Membership dues a				• • • • • • •	≋	3 22,981
	4	Interest on savings and temporary cash investments						4
\	7	Dividends and intere		ecurities · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	<u>)-1</u>	· -··	5
\	∕6a	Gross rents · · ·			• • • • • • •	· · · 6a		#
_	b	•		when the confirmation of	• • • • • •	· · · 6b		· · ·
R e	C			ubtract line 6b from line 6a · · · · · ·	• • • • • • •	• • • • • • •	├ -	Sc
v e	7	Other investment in				11		7
n u	oa	Gross amount from			(A) Securit		(B) Other	
е	h	than inventory • •				8a		***
Ç==				sales expenses • • • • • • • • • • • • • • • • • •		8b	***	3
2011				e) • • • • • • • • • • • • • • • • • • •		8c	<u></u>	 -
	۵	• , ,		ne 8c, columns (A) and (B)	ing shock ha	•	1	Bd
⊚	3	Gross revenue (not		attach schedule) If any amount is from gam	ing, check her	re 🕨 📋	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	a			\$ of 1b) · · · · · · · · · · · · · · · · · · ·		ا مو ا	1.00	er ,
JAN	Ь			nan fundraising expenses				73]
	,			cial events Subtract line 9b from line 9a -				i.d
回じるるないか	د 10ء			returns and allowances · · · · · · ·			7.	-
Z	b			· · · · · · · · · · · · · · · · · · ·				
7.	6			es of inventory (attach schedule) Subtract I			3. 4.	0c
Ŏ	11			line 103) · · · · · · · · · · · · · · · · · · ·				1
m	12			, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 · · ·				2 23,492
	13	Program services (f	rom line 4	4, column (B)) • • • • • • • • • • • •		• • • • • • •		3 23,778
E x p e	14	Management and gr	eneral /fro	m line 44, column (C)) · · · · · · · ·				4 0
e	15	Fundraising (from hi	ne 44 coli	umn (D))				5 0
n s	16			schedule) · · · · · · · · · · · · · · · · · · ·				6
s e s	17			and 44, column (A)				7 23,778
N	18	Excess or (deficit) for	or the vee	r Subtract line 17 from line 12 · · · · ·				8 (286
N e t	19	Net assets or fund h	nalances o	t beginning of year (from line 73, column (A				9 1,364
A	20			or fund balances (attach explanation) • • •				9 1,364
A s s e t	21			it end of year Combine lines 18, 19, and 20				1 1,078
_\$				on Act Notice, see the separate instruction			1	Form 990 (2007)

Form 990 (2007) ASSOCIATION OF EE SMITH ALUMNI AND 56-1326674 All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Statement of Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I services and general 22 a Grants paid from donor advised funds (attach schedule) (cash \$ noncash \$ If this amount includes foreign grants, check here 22a 22 b Other grants and allocations (attach schedule) (cash \$ noncash \$ If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach schedule) 23 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, 25b key employees, etc listed in Part V-B 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 26 27 Pension plan contributions not included on 27 28 Employee benefits not included on lines 28 29 29 30 Professional fundraising fees 30 3,433 3,433 31 31 32 32 359 359 33 33 34 34 35 336 336 35 36 Occupancy 36 37 Equipment rental and maintenance 37 38 38 105 105 39 39 14,996 14,996 40 Conferences, conventions, and meetings · · · · · · 40 41 41 42 42 Depreciation, depletion, etc (attach schedule) · · · · · Other expenses not covered above (itemize) 43 3,464 3,464 ADVERTISING 43a а INSURANCE 43b 100 100 b RENT 853 853 43c C 43d 132 132 bnk chgs d 43e 43f f 43g Total functional expenses Add lines 22a

					90 (2007)
(iii) the amount allocated to Management and general \$		_ , and (iv) the amo	ount allocated to Fundra	aising \$	
If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount	allocated to Program s	ervices \$	· ,
Are any joint costs from a combined educational campaign and fund	draising sol				′es 💹 No
Joint Costs. Check ▶☐ If you are following SOP 98-2					
13-15)	44	23,778	23,778	q	
columns (B)-(D), carry these totals to lines					
through 43g (Organizations completing	[
10tal full cuorial expenses. Add lines 22a	1 1		į		

Paritill 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?

PUBLICLY SUPPORTED ORGANIZATIO

<u> </u>	grams and accomplishments hat is the organization's primary exempt purpose? ▶	PUBLICLY SUPPORTED ORGANIZATIO		Program Service	
	organizations must describe their exempt purpose a		Expenses (Required for 501(c)(3) ar		
of o	clients served, publications issued, etc Discuss acl	nievements that are not measurable (Section 501(c)(3) and (4)		(4) orgs , and 4947(a)(1)	
org	anizations and 4947(a)(1) nonexempt charitable tru	sts must also enter the amount of grants and allocations to others)		trusts, but optional for others)	
а	See SERVICES				
	·-				
	(Grants and allocations \$) If this amount includes foreign grants, check here			
b					
	31				
		12 14 1 112112			
	(Grants and allocations \$) If this amount includes foreign grants, check here			
С		<u> </u>			
				1	
	(Grants and allocations \$) If this amount includes foreign grants, check here			
d					
	(Grants and allocations \$) If this amount includes foreign grants, check here			
е	Other program services (attach schedule)		. —		
	(Grants and allocations \$) If this amount includes foreign grants, check here			
f	Total of Program Service Expenses (should equal	line 44, column (B), Program services)	<u>··▶</u>		
		EEA		Form 990 (2007)	

Form 990 (2007) ASSOCIATION OF EE SMITH ALUMNI AND
Part IV Balance Sheets (See the instructions)

	rt IV Note:	Where required, attached schedules and amounts within the description	(A)	Т	(B)
•	wie.	column should be for end-of-year amounts only	Beginning of year	1	End of year
	45	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	1,364	45	1,076
	46	Savings and temporary cash investments · · · · · · · · · · · · · · · · ·	2,301	46	
	40	Savings and temporary cash investments			
	47 a	Accounts receivable 47a			
		Less allowance for doubtful accounts · · · · · · · · 47b		47c	
	_				
	48 a	Pledges receivable · · · · · · · · · · · · · · · · · · 48a			
		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	
Α	b	Receivables from other disqualified persons (as defined under section			
s		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) · · ·		50b	
s	51 a	Other notes and loans receivable (attach			
е		schedule) 51a			
t	ь	Less allowance for doubtful accounts 51b		51c	
s	52	Inventories for sale or use	-	52	* -
	53	Prepaid expenses and deferred charges		53	
	54 a	Investments - publicly-traded securities · · · · · · ▶ Cost FMV		54a	-
		Investments - other securities (attach schedule) · · · · ▶ Cost FMV		54b	
		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		- " }	
		Less accumulated depreciation (attach			
		schedule) • • • • • • • • • • • • • • 57b		57c	
	58	Other assets, including program-related investments		1	
		(describe ▶		58	
	59	Total assets (must equal line 74) Add lines 45 through 58	1,364	59	1,076
-	60	Accounts payable and accrued expenses		60	
i	61	Grants payable • • • • • • • • • • • • • • • • • • •		61	
a	62	Deferred revenue · · · · · · · · · · · · · · · · · · ·		62	
b	63	Loans from officers, directors, trustees, and key employees (attach		<u> </u>	
i		schedule) · · · · · · · · · · · · · · · · · · ·		63	
į		Tax-exempt bond liabilities (attach schedule) · · · · · · · · · · · · · · · · · · ·		64a	
t	b	Mortgages and other notes payable (attach schedule) • • • • • • • • • • • • • • • • • • •		64b	
i	65	Other liabilities (describe)		65	
e s			_	_	•
	66	Total liabilities. Add lines 60 through 65		66	0
	Orga	anizations that follow SFAS 117, check here ►X and complete lines			
		67 through 69 and lines 73 and 74	1 264	67	1 076
N F	67	Unrestricted · · · · · · · · · · · · · · · · · · ·	1,364	1	1,076
e u	68	Temporarily restricted · · · · · · · · · · · · · · · · · · ·		68	
t n d	69	Permanently restricted • • • • • • • • • • • • • • • • • • •		69	
Α	_	anizations that do not follow SFAS 117, check here ▶ ☐ and		,	
s B s a		complete lines 70 through 74			
e I	70	Capital stock, trust principal, or current funds		70	
t a	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
s n C	72	Retained earnings, endowment, accumulated income, or other funds · · · · · ·		72	
о е	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
r s		70 through 72 (Column (A) must equal line 19 and column (B) must		 _	
		equal line 21) · · · · · · · · · · · · · · · · · · ·	1,364		1,076
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	1,364	74	1,076

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	instructions)				-	
1	Total revenue, gains, and other support per audited fina	ncial statemen	ts · · · · · ·	• • • • • • • • •	···a	23,492
)	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	
3	Subtract line b from line a				С	23,492
d	Amounts included on Part I, line 12, but not on line a:				1	
1	Investment expenses not included on Part I, line 6b ·		d1			
2	Other (specify)		_			
			d2			
	Add lines d1 and d2 · · · · · · · · · · · · · · · · · ·				• • • d	
Э	Total revenue (Part I, line 12) Add lines c and d · ·		• • • • • • • •		• ▶ e	23,492
Pe	Reconciliation of Expenses per	udited Fina	ıncial Statem	ents With Exp	enses per Re	turn
а	Total expenses and losses per audited financial statement	ents · · · ·			• • • a	23,778
Ь	Amounts included on line a but not on Part I, line 17					
1	Donated services and use of facilities · · · · · · ·					
2	Prior year adjustments reported on Part I, line 20 · · ·					
3	Losses reported on Part I, line 20 · · · · · · · · ·	• • • • • •	• • • • b3			
4	Other (specify)				ļ ļ	
			b4			
	Add lines b1 through b4	• • • • • •			• • • b	
С	Subtract line b from line a	• • • • • •			• • С	23,778
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	
е	road experiese (raft i, into 77) rad into a					23,778
Pe	Current Officers, Directors, Trust	ees, and K	ey Employees	(List each perse	on who was an offi	cer, director, trustee,
	or key employee at any time during the year	even if they w	ere not compensa	r -		Т
	(A) Name and address	Title and av	(B) erage hours per sted to position	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deferred	(E) Expense account and other allowances
		week devo	ted to position	-0)	plans & deferred compensation plans	
			1			
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#Pa	Other Information (See the instructions)	Yes	N
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a		1
	detailed statement of each change · · · · · · · · · · · · · · · · · · ·		γ
77	Were any changes made in the organizing or governing documents not reported to the IRS?		X
	If "Yes," attach a conformed copy of the changes	1	
78 a	particles:	7000	
	this return? · · · · · · · · · · · · · · · · · · ·	<u> </u>	>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach	i i	
	a statement		2
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through	14.0	*
	common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt		-
	organization?		Σ
b	If "Yes," enter the name of the organization	英納	125
	and check whether it is exempt or nonexempt		1
81 a	Enter direct and indirect political expenditures (See line 81 instructions) · · · · · · · · 81a	7.	E.
b	Did the organization file Form 1120-POL for this year?	T	2
	EEA Forr	n 990 (

Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	j	İ	
	or at substantially less than fair rental value?	82a		<u>X</u>
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	ĺ	1	
	(See instructions in Part III) · · · · · · · · · · · · · · · · ·			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? • • • • • • •	83a		X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		Χ
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
		84b	N/A	
85a		85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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			
С	Dues, assessments, and similar amounts from members · · · · · · · · · · · · · · · · · · ·	l	1	
d	Section 162(e) lobbying and political expenditures • • • • • • • • • • • • • • • • • 85d			
е	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	i	
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) • • • • • • • • • • • • • • • • • •			
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	88a		
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		
С	Enter Amount of tax imposed on the organization managers or disqualified		Ì	
	persons during the year under sections 4912, 4955, and 4958 · · · · · · · · · · · •			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization • • • • • • • • • • • • • • • • • • •			l
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? · · · · · · · · · · · · · · · · · · ·	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? • • • • • • •	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the		j	
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	89g	<u>. </u>	X
90a	List the states with which a copy of this return is filed North Carolina			
ь	Number of employees employed in the pay period that includes March 12, 2007 (See			
	instructions)			
91a	The books are in care of ▶ % Carolyn Chapman Telephone no ▶ 910-864-50	591		
	Located at ▶ 5306 Yadkın Road Fayetteville NC ZIP+4 ▶ 28303			
þ	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		Yes	No
	account)?	916	<u> </u>	Х
	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			

Form 990 (2007) ASSOCIATION OF EE SMITH ALUMNI AND

56-1326674

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Form	990 (2007) ASSOCIATION OF EE	SMITH ALUM	NI AND			56-1326674		P	age 8
Par	Other Information (conti	nued)						Yes	No
	At any time during the calendar year, did		n maintain an office outsi	de of the United	States? • • • •		91c	$\neg \uparrow$	X
	If "Yes," enter the name of the foreign co	untry 🕨							
92	Section 4947(a)(1) nonexempt charitable	trusts filing Forr	n 990 in lieu of Form 104	1 - Check here		••••		·▶ſ	7
	and enter the amount of tax-exempt inter	est received or	accrued during the tax ye	ear_ • • • • •	• • • • • •	92			
Pari	VII Analysis of Income-Pro	ducina Activ	rities (See the instructi	ions)					
	Enter gross amounts unless otherwise	1	ed business ncome		section 512, 513, or	514	(E)		
indica	ated	(A)	(B)	(C)	(D)		Related kempt fun		
93	Program service revenue	Business code	Amount	Exclusion code	Amount		incom		
а									
b									
С									
d			· · · · · · · · · · · · · · · · · · ·						
е				 					
f	Medicare/Medicaid payments · · · ·			 					
g	Fees and contracts from government agencies			 	 				
94	Membership dues and assessments • •				 -				
95	Interest on savings & temporary cash investments				 				
96	Dividends and interest from securities •			 					
97	Net rental income or (bss) from real estate				Cardinal English				
a,	debt-financed property • • • • • • •	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A Company of the second			 			
b	not debt-financed property · · · · ·			 	 				
98	, , ,			 					
99	Net rental income or (bss) from personal property	 		 					
	Other investment income			 					
100	than inventory			 	 				
101	Net income or (loss) from special events			 					
102	Gross profit or (bss) from sales of inventory			<u> </u>			——-		
103	Other revenue a			 					
ь									
C		<u> </u>							
q		ļ		 					
е				ART is a law on the					
104	Subtotal (add columns (B), (D), and (E))			理智能、整	<u> </u>				
105	Total (add line 104, columns (B), (D), and	i (E)) · · ·			• • • • • • •	· >			
Note:	Line 105 plus line 1e, Part I, should equal	the amount on I	ine 12, Part I	·					
Par	t VIII Relationship of Activities								
Line	1	•	• •		I importantly to the	ne accomplishmen	ıt		
	▼ of the organization's exempt purp	oses (other thai	n by providing funds for s	uch purposes)					
Par	t IX Information Regarding	axable Sub	sidiaries and Disre	garded Entit	ties (See the ins	tructions)			
	(A) Name, address, and EIN of corporat		(B) Percentage of	(C Nature of		(D) Total income	En	(E) d-of-ye	
	partnership, or disregarded entity		ownership interest	Nature or	activities	Total income		assets	
			%						
			%				T		
			%				1		
			%				 	_	
Par	t X Information Regarding	ranefare Ac		onal Renefit	Contracte (S	See the instruction	s)		
	Did the organization, during the year, re						Ye	SY	No
(b)	•	-				om comiaci.	Ye	=	No
		=		cisonal benefit C	ontract.		ال الع	, _^) 14O
	te: If "Yes" to (b), file Form 8870 and Form	4120 (See IIISII	ucions)					000 //	2007
				EEA			LOIT	990 (2	4UU/1

Form **990** (2007)

Part XI			fers To and From Control in section 512(b)(13)	olled Entities. Complete only	if the organization
00 DO				d in angles E12/h\/12\ af	Yes No
			ers to a controlled entity as define ow for each controlled entity	a iii secilori 512(b)(15) oi	l x
1	(A)	the schedule ben	(B)	(C)	
	Name, address, of e	ach	Employer Identification	Description of	(D)
	controlled entit		Number	transfer	Amount of transfer
<u> </u>	···· - s		-		
a	· ·		1		
·					
				· ·	
			_		
·					
	· · · · · · · · · · · · · · · · · · ·				
	Totals				(1 mm m m m m m m m m m m m m m m m m m
					Yes No
			sfers from a controlled entity as d		
512	2(b)(13) of the Code? If "Y	es," complete the	schedule below for each control		<u> </u>
	(A)		(B)	(C)	(D)
	Name, address, of e controlled entit		Employer Identification Number	Description of transfer	Amount of transfer
	Controlled entitle	y	Number	transier	
a			\dashv		
-	 		┥ [
					
b					
c			_		
-					····
	Totals	;			
				The state of the s	Yes No
08 Did	d the organization have a	hinding written co	ntract in effect on August 17, 200	06. covering the interest.	
	nts, royalties, and annuitie			, ,	l x
	Under penalties of person 10	lectore that I have exar	nned this return, including accompanying s	chedules and statements, and to the best of	f my knowledge
	and belief, it is true, correct,	and complete Declarat	on of preparer (other than officer) is based	on all information of which preparer has any	Knowledge 10-75-
Please	Jul	ear /	J. Dreen		10 / 4 ·
Sign Symature of officer					Date
l ere	1541.91	v D. E	380 WH - CV	G/r 1251X	
	Type or print name and	title	<u> </u>	la la	erer's SSN or PTN (See Gen Inst. X)
	Preparer's	16/ 1	Date 10-14	seff-	
Paid Preparer's	signature	ACE MANAC	EMENT GROUP, INC.	-2010 employed ► 2	76-23-00
reparers Jse Only	Firm's name (or yours if self-employed),		AVENHILL DRIVE	EIN Phone no	· •
	address, and ZIP + 4		lle, NC 28303	Thoras D	9104850814
	1				

	Statement of Program Serice Accomplishments	2007 01
Name(s) as shown on return		Your Social Security Number
·ASSOCIATION	OF EE SMITH ALUMNI AND	56-1326674

FORM 990, PART III (a)

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

Explanation

To work for the growth and development of EE smith senior high school, to foster its programs, to further enhance a harmonious relationship among the alumni, former students and friends of the school, to develop a perspective of the school's programs, and to keep currently abreast of the schools needs and projections for the future.