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Form **990-EZ** 

Short Form **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 1545-1150

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form Department of the Treasury Open to Public Inspection Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements OCT 31, For the 2008 calendar year, or tax year beginning NOV 1. 2008 and ending 2009 Check if applicable D Employer identification number C Name of organization Diagra Address use IRS NORTH CAROLINA TRUCKING ASSOCIATION label or Name change FOUNDATION 56-1893210 type Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial Room/suite Termin-Specific 919-834-0387 O. BOX 2977 Instruc-Amended return City or town, state or country, and ZIP + 4 tions F Group Exemption Application pending RALEIGH, NC 27602 Number > G Accounting method: X Cash Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) Other (specify) Website: ► N/A H Check X If the organization is not Organization type (check only one)—  $\mathbf{X}$  501(c) (3)  $\blacktriangleleft$  (insert no.)  $\mathbf{Q}$  4947(a)(1) or  $\mathbf{Q}$  527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) \_\_\_\_ if the organization is not a section 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. 58,500. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 11,937.Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 716. Investment income 4 45,847 STMT 2 Gross amount from sale of assets other than inventory 5a 47.285. Less: cost or other basis and sales expenses <1,438.> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions 6a Less: The research than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory less resents and allowances
Less: cost of goods sold 7a 7b Gross profit of (loss) from the set inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe 11,215 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 18,523. 16 Other expenses (describe SEE STATEMENT 1 ) 16 18,523. 17 17 Total expenses. Add lines 10 through 16 <7,308.> Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 70.996. (must agree with end-of-year figure reported on prior year's return) 19 7,036. SEE STATEMENT 20 20 Other changes in net assets or fund balances (attach explanation) 70,724. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. Balance Sheets. Part II (See the instructions for Part II.) (B) End of year (A) Beginning of year

70.996. 70,724. 22 Cash, savings, and investments 22 23 23 Land and buildings 24 Other assets (describe 70.996. 70.724. 25 Total assets 25 0. 26 0. 26 Total liabilities (describe 70,996.|27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

Form 990-EZ (2008)

NORTH CAROLINA TRUCKING ASSOCIATION

FORM 990-EZ (2008) FOUNDATION			<u> </u>	10934	10 Faye 2		
Part III Statement of Program Service Accomplishmen		Part III.)		Ex.	penses		
What is the organization's primary exempt purpose? SEE STATEMENT	. 5			and (4) or	for 501(c)(3) ganizations and		
Describe what was achieved in carrying out the organization's exempt purposes. In $\boldsymbol{\alpha}$	-	4947(a)(1	) trusts; optional				
provided, the number of persons benefited, or other relevant information for each program title.  for others.)							
28 ROAD TEAM PROGRAM; THE FOUNDATION'S	· · · · · · · · · · · · · · · · · · ·						
STATE TO PROMOTE SAFETY MEASURES AN	D PROGRAMS WI	THIN THE					
TRUCKING INDUSTRY					0 450		
(Grants \$ ) If this amount includes foreign of			الب	28a	<u>8,479.</u>		
29 SAFETY MANAGEMENT COUNCIL RECOGNITI							
FOUNDATION MADE AN AWARD TO RECOGNI							
SAFETY							
(Grants \$ ) If this amount includes foreign of	grants, check here	<u> </u>	<u> </u>	29a	4,114.		
30 SCHOLARSHIP			[				
: THE FOUNDATION AWARDED AN EDUCAT	ION SCHOLARSH	IP					
			<u> </u>		0 000		
(Grants \$ ) If this amount includes foreign of	grants, check here	<b>_</b>	<u>                                     </u>	30a	2,000.		
31 Other program services (attach schedule)			-1				
(Grants \$ ) If this amount includes foreign g	grants, check here			31a	14 502		
32 Total program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key E	mployees			32	14,593.		
Part IV   List of Officers, Directors, Trustees, and Key E	IIIPIUYEES. List each one ev	ven if not compensated (		nstructions f itributions	or Part IV)		
	(b) Title and average hours	(c) Compensation		itributions nployee	(e) Expense		
(a) Name and address	per week devoted to	(If not paid, enter	benefi	t plans &	account and		
	position	-0- )		ferred ensation	other allowances		
ODOUGD BOOKET !	CITA TOWART		Comp	onsaudii			
GROVER EZZELL	CHAIRMAN			^			
P.O. BOX 67, HARRELLS, NC 27107	1.00	0.		0.	0.		
LEE SHAFFER, 100 EUROPA DRIVE, SUITE	DIRECTOR	0		0	_		
320, CHAPEL HILL, NC 27517	1.00	0.		0.	0.		
DUANE LONG, P.O. BOX 110007,	DIRECTOR	0.		0.			
RESEARCH TRIANGLE PARK, NC 27709	1.00	ļ		0.	0.		
BRIAN STODDARD, 500 OLD DOMINION	DIRECTOR 1.00	٥.		0.	0.		
WAY, THOMASVILLE, NC 27360		0.		<u> </u>	0.		
WILLIAM GEORGE, 300 S. WESLEYAN	DIRECTOR 1.00	0.		0.	0.		
BLVD., #202, ROCKY MOUNT, NC 27803	DIRECTOR	· · ·		0.	J .		
CHUCK WILSON P.O. BOX 200, FISHERVILLE, VA 22939	1.00	ο.		0.	0.		
TOMMY WEST	DIRECTOR	J.		Ų.	J .		
P.O. BOX 21019, DURHAM, NC 27703	1.00	0.		0.	0.		
ANTHONY CAPPS	DIRECTOR	· ·			<del>                                     </del>		
P.O. BOX 2827, BURLINGTON, NC 27216	1.00	0.		0.	0.		
ALBERT GANEY	DIRECTOR	· ·		<u> </u>	<del>.</del>		
P.O. BOX 67, HARRELLS, NC 28444	1.00	0.		0.	_ 0.		
SCOTT LASSITER, 2895 RIDGEWOOD PARK	DIRECTOR	· ·	<del> </del>				
DRIVE, WINSTON-SALEM, NC 27107	1.00	0.		0.	0.		
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832172 12-17-08				Form	990-EZ (2008)		

### NORTH CAROLINA TRUCKING ASSOCIATION

orm 990-EZ (2008)	FOUNDATI

56-1893210

Page 3

Pá	ort V Other Information (Note the statement requirements in the instructions for Part VI.)					
_	1		Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X		
34						
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>			X		
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.					
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy					
	tax requirements?	35a		Х		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	. 🗀				
b	Did the organization file Form 1120-POL for this year?	_37b		X		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made					
	in a prior year and still unpaid at the start of the period covered by this return?	38a		Х		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A					
39	Section 501(c)(7) organizations. Enter:	]				
a	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities  39b N/A	]				
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:					
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .					
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I	40b		Χ_		
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under					
	sections 4912, 4955, and 4958  Enter amount of tax on line 40c reimbursed by the organization  O •					
d	Enter amount of tax on line 40c reimbursed by the organization			ļ		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					
	transaction? If "Yes," complete Form 8886-T	40e		X		
41	List the states with which a copy of this return is filed. ▶ NC					
42 a	The books are in care of ► <u>CHARLES DIEHL</u> Telephone no. ► <u>919-83</u>					
	Located at ▶ 219 W. MARTIN ST., RALEIGH, NC ZIP+4 ▶ 2	<u> 1760</u>	2			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No		
	account)?	42b		X		
	If "Yes," enter the name of the foreign country:			1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		-		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>		
	If "Yes," enter the name of the foreign country:					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	37/3	-	Ш		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A				
		ļ	Vac	No		
	D d the second s		1 65	No		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			- T		
4.5	Form 990-EZ	44		X		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	,-		v		
	completed instead of Form 990-EZ	45 Form 9	00 57	(2008)		
		LOUIN A	3U-EZ	(2000)		

NORTH CAROLINA TRUCKING ASSOCIATION Form 990-EZ (2008) 56-1893210 Page 4 Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yes No 46 46 office? If "Yes," complete Schedule C. Part I 47 X Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Х 48 49a 49a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee account and (a) Name and address of each employee paid more per week devoted to benefit plans & than \$100,000 other allowances position deferred compensation NONE Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 Total number of other independent contractors each receiving over \$100,000 examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Preparer's signature Check if self-Paid Date Preparer's Identifying Number (See instr.) PB. miller, cpx

Preparer's Use Only

Firm's name (or yours

if self-employed). address and 7IP + 4 KOONCE, WOOTEN & HAYWOOD, L. L. P.

P. O. BOX 17806

May the iRS discuss this return with the preparer shown above? See instructions

RALEIGH, NC 27619-7806

employed \_

EIN >

no.

Phone >

919-782-9265

X Yes

Form 990-EZ (2008)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008
Open to Public
Inspection

OMB No 1545-0047

Name of the organization NORTH CAROL:

NORTH CAROLINA TRUCKING ASSOCIATION

Employer identification number

		FOUNDAT							<u>_</u>	<u>6-1893</u>	1210	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this par	t ) (see ins	tructions)				
The organ	nization is not a	a private foundation	because it is (Please ch	neck only <b>o</b>	ne organiz	zation.)						
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	).				
2 🔲	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	( <b>A)(iii)</b> . (At	tach Sche	dule H.)			
4			operated in conjunction							the hospital	l's name,	
	city, and stat	te										
5	' <del>-</del>		benefit of a college or un	niversity o	wned or or	erated by	a governi	mental uni	t describ	ed in		_
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6	A federal, sta	ate, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(	1)(A)(v).					
7 X			eives a substantial part					or from the	general	public desc	cribed in	
	section 170	(b)(1)(A)(vi). (Comple	te Part II )			_				,		
в 🔲			section 170(b)(1)(A)(vi).	(Complete	Part II)							
9	-		eives: (1) more than 33			rom contri	hutions m	nembershi	n fees ar	nd aross re	ceints from	^
-	-	•	nctions - subject to certa						-	•	•	
		-	axable income (less sect							•		
		509(a)(2). (Complete	·		,	0111000000	zoquii cu b	y the orga		artor ouric c	,o, 1575	
10 🗀			perated exclusively to te	et for publ	ic cafaty S	co coctic	n 500(a)(/	1) (coo inc	taictione	١.		
11	•		perated exclusively for the		•			•		•	of one or	
	_	-	ations described in secti		-				-	• •		
		· · · · · · · · · · · · · · · · · · ·	organization and compl		-		. j. Occ <b>36</b> 0	Juon 509(	а)(О). Оп	SOK THE DOX	, mai	
	a Type		7 <u>~</u>		e III - Func		earsted		а	Type III - (	Other	
_	-		ו אפקיו ב at the organization is not					r moro dise		•		
e		· · · · · · · · · · · · · · · · · · ·	han one or more publich		•	•	-			•		
		<del>-</del>	•		•				(a)(1) UI	Section 303	J(a)(2).	
f	•		ten determination from t	ine ino in	антыату	pe i, Type	ii, or Type	# III			_	$\neg$
_		rganization, check th	•		 	. f	af Aba fall				<u> </u>	_
g	=		organization accepted ar			-						—
	• • •	=	irectly controls, either al	one or tog	etner with	persons o	iescribed	ın (ii) and (	III) Delow,		Yes No	<u> </u>
	_		upported organization?							11g(i)	+-+	—
	• • • •	·	n described in (i) above?							11g(ii)		—
	(iii) A 35% (	controlled entity of a	person described in (i) o	or (ii) above	e?					. [11g(iii)		—
h	Provide the f	ollowing information	about the organizations	the organ	ization sup	ports						
		ī	1 400 T	Τ.				T				_
(i) Name	of supported	(ii) EIN	(iii) Type of organization	r ,	organization	٠,,	•	(vi) Is organization	the	(vii) An	mount of	
org	anızatıon		(described on lines 1-9	1 , ,	sted in your document?	(i) of you	ion in col.	(i) organiz	ed in the [	sup	port	
			above or IRC section			` '		U.S				
			(see instructions))	Yes	No	Yes	No	Yes	No			_
							1					
										_		_
	<del></del>		<u>.                                    </u>									_
						<del>-</del>		<del>                                     </del>				_
				<u> </u>				ļ				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Pa	(Complete only if you checked	-		Sections 170		u 170(b)(1)(A)(\	,,,
50	ction A. Public Support	J tile DOX OII line 5,	, , or o or Part 1)	_		<del></del>	·
			# 1 0005	4-1,0000	4.0.0007	(-) 0000	(0 T-4-1
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")	19,692.	4,865.	15,206.	223,122.	11,937.	274,822.
2	Tax revenues levied for the organ-	19,092.	4,005.	13,200.	223,122.	11,557.	2/4,022.
2	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 - 3	19,692.	4,865.	15,206.	223,122.	11,937.	274,822.
5	The portion of total contributions				-		
	by each person (other than a						
	governmental unit or publicly		·				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public Support. Subtract line 5 from line 4					<u> </u>	274,822.
Sec	ction B. Total Support	<del></del>		<del></del>		<del></del>	<del></del>
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
-	Amounts from line 4	19,692.	4,865.	15,206.	223,122.	11,937.	274,822.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	2 262	2 757	2 122	3,410.	4722	10 021
_	and income from similar sources	2,263.	3,757.	2,123.	3,410.	<144.	<u>&gt; 10,831.</u>
9	Net income from unrelated business						
	activities, whether or not the business is regularly carned on						
40	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						285,653.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	•	I, fourth, or fifth ta	x year as a sectio	<u> </u>	
	organization, check this box and stor		,			,	▶□
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2008 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	96.21 %
15	Public support percentage from 2007	Schedule A, Part	IV-A, line 26f			15	<u>87.75 %</u>
16a	33 1/3% support test - 2008. If the o	organization did not	t check the box on	line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				►LX
b	33 1/3% support test - 2007. If the o	organization did not	t check a box on lir	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances tes	t - <b>2008.</b> If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pai	rt IV how the orgai	nization
	meets the "facts-and-circumstances"	-	•	•	=		. ▶∟
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a publi	cly supported orga	anızatıon	▶∟

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

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) **(b)** 2005 (c) 2006 (d) 2007 (f) Total (a) 2004 (e) 2008 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 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 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9. 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, and 12) First five years, 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 stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f) 18 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3% support tests - 2008, 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 - 2007, 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

FORM 990-EZ	ОТНЕ	R EXPENSES		STATEMENT	1	
DESCRIPTION				TRUOMA		
INVESTMENT EXPENSES			-	51	7.	
SUPPLIES				3,03		
CONFERENCES, CONVENTI	ONS, AND MEETING	S		5,61		
SAFETY MANAGEMENT COU	NCIL RECOGNITION			4,114		
SCHOLARSHIP				2,00		
PROFESSIONAL SERVICES				3,25	0.	
TOTAL TO FORM 990-EZ,	LINE 16		=	18,52	23.	
FORM 990-EZ GAIN	(LOSS) FROM PUBL	ICLY TRADED SI	CURITIES	STATEMENT	2	
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)		
MORGAN STANLEY/SMITH BARNEY # 4085	7,919.	10,285.	0.	<2,36	66.>	
MORGAN STANLEY/SMITH BARNEY # 4068	37,928.	37,000.	0.	92	28.	
TO FORM 990-EZ, LINE	5 45,847.	47,285.	0.	<1,43	88.>	
FORM 990-EZ OTHER	CHANGES IN NET A	SSETS OR FUND	BALANCES	STATEMENT	<del></del> 3	
DESCRIPTION				AMOUNT		
UNREALIZED GAIN ON IN	VESTMENTS		-	7,03	36.	
TOTAL TO FORM 990-EZ,	LINE 20		-	7,03	36.	

FO	RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT 4
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	[ ] YES [X] NO
B)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [ ] YES [X] NO

990-EZ PG 2 ·

STATEMENT

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TO PROMOTE TRUCKING EDUCATION AND SAFETY IN THE STATE OF NORTH CAROLINA