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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

Open to Public Inspection

Α	Fo	r the	2009 calendar year, or tax year beginning and ending		
В	Ch	eck if olicable	Please C Name of organization	D Employer identifi	cation number
			use IRS CAROLINAS ELECTRICAL CONTRACTORS		
		Addres: change	print or ASSOCIATION, INC.		
		Name change	type Doing Business As	56-0	521364
		initial retum	See Number and street (or P 0 box if mail is not delivered to street address) Room/s		
		Termin- ated	Specific Instruc- 9715 NORTHEAST PARKWAY 300	704-	365-4016
		Amendo return	City or town, state or country, and ZIP + 4	G Gross receipts \$	664,415.
L		Application		H(a) Is this a group re	
		pending	F Name and address of principal officer:	for affiliates?	Yes X No
_			SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
			mpt status: X 501(c) ( 6 ) ◀ (insert no.)	If "No," attach a	list. (see instructions)
			:: ► WWW.CAROLINASECA.ORG	H(c) Group exemptio	
				ear of formation 1946 N	State of legal domicile NC
P	ar		Summary		
9	۱ و		riefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}\ {\hbox{{\tt ASSIS}}}$		THE
anc		9	COLLECTIVE INTERESTS OF THE ELECTRICAL CONTR	ACTOR	
Ë		2 (	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of ${f n}$	nore than 25% of its net as	
Activities & Governance		3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	19
8	8	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)	4	19
Š	6	5 7	otal number of employees (Part V, line 2a)	5	2
ž		6 1	otal number of volunteers (estimate if necessary)	6	22
Act	2	7a 1	otal gross unrelated business revenue from Part VIII, column (C), line 12	7a	33,633.
	1	<u>d_1</u>	let unrelated business taxable income from Form 990-T, line 34	7b	17,314.
<b>3</b> —				Prior Year	Current Year
<u> </u>	2	8 (	Contributions and grants (Part VIII, line 1h)		100.
G B B Revenue			Togram service revenue (Fait VIII), line 29/	222,662.	166,621.
Revenue		10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	147,955.	6,387.
- 1 - 1 - 1		11 (	other revenue (Part VIII, column (A), lines 5, 60 8c, 9c 10c, 2nd 12e 10	59,976.	47,811.
	4		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line (2)	430,593.	220,919.
TO CALLERY OF THE ACTUAL OF TH		13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,908.	11,472.
2		14	denefits paid to or for members (Part IX, column (A), lines 3), benefits paid to or for members (Part IX, column (A), line 4).	00.004	
	ß	15	salaries, other compensation, employee benefits (Fart IA, column (A), lines 5-10)	89,284.	96,486.
Expenses			Professional fundraising fees (Part IX, column (A), line 11e)		
3) 5	3		otal fundraising expenses (Part IX, column (D), line 25)	201 201	1.62 4.27
_			Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	291,291.	163,427.
	1		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	387,483.	271,385.
-	s	19 F	Revenue less expenses. Subtract line 18 from line 12	43,110.	-50,466.
tso	2			Beginning of Current Year	End of Year
SSe	Bai		otal assets (Part X, line 16)	747,325.	697,064.
Net Assets or	립		otal liabilities (Part X, line 26)	-5,347. 752,672.	$\frac{-5,140.}{702,204.}$
	<u>드</u>		let assets or fund balances. Subtract line 21 from line 20 Signature Block	132,012.	102,204.
	- 41	L SE		nts and to the heet of my knowled	ne and helief it is this correct
			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	edge.	ge and bener, it is the, contect
٥.		ŀ	Kmill A	1 7720	15 2211)
	ign		Signature of officer	Date Page	15 2010
п	ere		Kouald G Huson Treasurer	55,0	
			Type or print name and title	<del></del>	<del></del>
_			Preparer's Date / /	Check if Prepar	er's identifying number
Pa	Paid		signature MP	self (see in:	structions)
Pr	repa	rer's	Firm's name (or DTXON HUGHES PLLC	employed  EiN	
Us	se O	inty	yours if 500 RIDGEFIELD COURT	CIIV	<del></del>
		j	address, and ZIP + 4  ASHEVILLE, NC 28806	Phone no ► (	828) 254-2254
M-	av.	the IP	S discuss this return with the preparer shown above? (see instructions)	Tritone iiu	. X Yes No
		1 02-04		instructions	Form <b>990</b> (2009)
50		. 02-04	L		1 01111 000 (2003)

Pai	t III Statement of Program Service Accomp	lishments		
1	Briefly describe the organization's mission: OUR MISSION, AS AN ASSOCIATION	N, IS TO ASSIST AND	O PROMOTE THE	
	COLLECTIVE INTERESTS OF THE E	LECTRICAL CONTRACTO	OR, BY FACILITA	TING AND
	COORDINATING ACTIVITIES THAT	ENHANCE THE ELECTRI	ICAL INDUSTRY I	N THE
	CAROLINAS.		<del></del>	
2	Did the organization undertake any significant program ser	rvices during the year which were not	listed on	
	the prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant	t changes in how it conducts, any pro	gram services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the exempt purpose achievements for each of the	e organization's three largest program	services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4	1947(a)(1) trusts are required to report	t the amount of grants and	
	allocations to others, the total expenses, and revenue, if ar	ny, for each program service reported	ı <u>.</u>	
	•			
4a	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	<u>,</u>
	THE CAROLINAS ELECTRICAL CONT			ATION AND
	TRAINING TO INCREASE THE TECH			
	QUALITY OF THE INDUSTRY, AND			
	BETTERMENT OF THE ELECTRICAL		- OILL OILLIDIE I	<u> </u>
	DETTERMENT OF THE DEBETRICAL	contractor.		<del></del>
				·
				<u> </u>
				<del></del>
			<del></del> -	
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
		· · · · · · · · · · · · · · · · · · ·		
				-
				_
				_
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
				· · · · · · · · · · · · · · · · · · ·
		·		<del></del>
				<del> </del>
		<del></del>		
				<del></del>
4d	Other program services. (Describe in Schedule O.)			
	(Expenses \$ including grants of \$	) (Revenue \$		
<u>4e</u>	Total program service expenses ▶\$		<del> </del>	
93200	2			Form <b>990</b> (2009)

### Part IV Checklist of Required Schedules

		-	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	N/	A
	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		_	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			,,,,,,,,, <u>,,,,</u>
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			17
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	40		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19_ 20		X
20	LIGHT OF THE OFFICE OF THE OFFICE STATES IN TEST COMPLETE STATEOUR T		990 <i>(</i>	

Part IV Checklist of Required Schedules (continued)

,			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K If "No", go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		37 /	_
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	<u> </u>
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		NT /	7
	Schedule L, Part I	25b	N/	<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		x
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			<u> </u>
	Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	2,		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ŀ
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36	N/	<u>A</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		1,5	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		rom.	39U (	2009)

Form **990** (2009)

ASSOCIATION, INC.

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

932005 02-04-10 Form 990 (2009)

56-0521364

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

<u>Sec</u>	tion A. Governing Body and Management				-		
		l .	1	10		Yes	No_
1a	Enter the number of voting members of the governing body	1a		19 19			
ь	Enter the number of voting members that are independent	1b	L	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				·
_	officer, director, trustee, or key employee?			⊢	2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	t supervision				v
	of officers, directors or trustees, or key employees to a management company or other person?			}-	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		J was filed?	-	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	IS?	• •	··  -	5	Х	
6	Does the organization have members or stockholders?			-	6		
/a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the		<b>,</b>	Х	
	governing body?				7a	Λ	X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other per			-	7b		Α.
8	Did the organization contemporaneously document the meetings held or written actions undertaken	auring	tne year				
	by the following:					Х	
a	The governing body?				8a 8b	X	
þ	Each committee with authority to act on behalf of the governing body?		-4 4b	-	OD	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	cned	at the	1	9		Х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	2010011	o Codo I		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			Yes	No
40-	Dece the executation have lead chapters breezhoù ar affiliatea?			Г.	0a	162	X
	Does the organization have local chapters, branches, or affiliates?	chant	ore offiliator	-	va		
D	If "Yes," does the organization have written policies and procedures governing the activities of such	спарі	ers, annates,	١.	юь		
44	and branches to ensure their operations are consistent with those of the organization?  Has the organization provided a copy of this Form 990 to all members of its governing body before f	ilına th	o form?	<u> </u>	11	X	
11	- · · · · · · · · · · · · · · · · · · ·	iing ui	e iomi:	-	11	Λ.	
11A				١.	l2a	X	
	Does the organization have a written conflict of interest policy? If "No," go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld an	0 400	-	20		
D	to conflicts?	ulu giv	e lise	١.	2ь	Х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Voc "	describe		20		
С	In Schedule O how this is done	163,	describe	.	12c	X	
13	Does the organization have a written whistleblower policy?				13		х
14	Does the organization have a written document retention and destruction policy?			<del> </del>	14		X
15	Did the process for determining compensation of the following persons include a review and approv	al hv ii	dependent				.,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		idoponidoni				
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization			_	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			r			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
_	taxable entity during the year?			-	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	duate	ts participation	,			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org		· ·				
	exempt status with respect to such arrangements?			.	<b>16</b> ь		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (501	c)(3)s only) ava	ulable fo	or		
	public inspection. Indicate how you make these available. Check all that apply.	•					
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	of interest pol	icy, and	l fina	ncial	
-	statements available to the public.		•				
20	State the name, physical address, and telephone number of the person who possesses the books a KENDALL PARKER - 704-365-4016	nd rec	ords of the org	janizatio	n: ▶		
		810	5				
	2112 HORTHEADT TANKWAT, BUTTE 300, PATTHEWS, NC 2	. 0 1 0	<u> </u>			990	2000
					rom	3300	<b>ZUU9</b>

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	y current officer, director						(D)	(E)	(F)	
Name and Title	Average hours	Position (check all that apply)					h/\	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated C employee	,	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
ROB BLACKMON									_	_	
PRESIDENT	2.00	X		X				0.	0.	0.	
DONALD BELK						1					
VICE PRESIDENT	2.00	X		X				0.	0.	0.	
RON HINSON											
TREASURER	2.00	X		Х				0.	0.	0.	
DAVID LATOUR			ļ			ŀ					
SECRETARY	2.00	X		X				0.	0.	0.	
SAM VAUGHAN			İ							_	
DIRECTOR	1.00	X						0.	0.	0.	
MICHAEL PRESLEY					i						
DIRECTOR AT LARGE	1.00	X						0.	0.	0.	
CRAIG MYERS										_	
PAST PRESIDENT	2.00	X				ļ		0.	0.	0.	
KEN MCBRAYER							İ	,			
DIRECTOR	1.00	X						0.	0.	0.	
KEITH BROKKE											
DIRECTOR	1.00	Х			<u> </u>			0.	0.	0.	
DAVID MYERS											
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.	
LARRY BEAVER								_	_	_	
DIRECTOR	1.00	X	_			L.		0.	0.	0.	
STEVE BROWN						l			_	_	
DIRECTOR	1.00	X					_	0.	0.	0.	
WAYNE COLTER					ļ	İ			_	_	
DIRECTOR AT LARGE	1.00	X	ļ	ļ		L.		0.	0.	0.	
JACK HARGETT		l									
DIRECTOR	1.00	X	_			↓_		0.	0.	0.	
TOM JACKSON	, , ,	١							_		
DIRECTOR AT LARGE	1.00	X	<u> </u>	1	lacksquare	<u> </u>	<u> </u>	0.	0.	0.	
ROBERT PENDERGRAPH	1 22	,		1				_	_	_	
DIRECTOR	1.00	X	<u> </u>	<del> </del>	_	<del> </del>	$\vdash$	0.	0.	0.	
JOHN SANDERS	1 00	,,							_	_	
DIRECTOR	1.00	X		<u> </u>		Ц.	L	0.	0.	0 .	

932007 02-04-10

Form 990 (2009)

Part VII Section A. Officers, Directors, Tru (A)	(B)		,,,,,		) (2)		<del></del>	(D)	(E)		(F)	
Name and title	Average							Reportable	Reportable		Estima	
	hours per week	Individual trustee or director	necitutional trustage	Officer		Highest compensated comployee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amoun othe compens from t organiza and rela organiza	r sation he ation ated
JOHN STARR DIRECTOR AT LARGE	1.00	х						0.	0			0.
GENE WILHELM EX-OFFICIO	1.00	х		:				0.	0			0.
DON HARRISON DIRECTOR	2.00	Х						0.	0			0.
R D MCCARTER (DECEASED) DIRECTOR	1.00	x						0.	0	•		0.
KENDALL PARKER EXECUTIVE DIRECTOR				Х				61,293.	0	•	į	523.
								61.000				
<ul> <li>Total</li> <li>Total number of individuals (including but no compensation from the organization</li> </ul>	ot limited to th	nose	liste	ed al	bov	e) wi	no re	61,293. eceived more than \$100	,000 in reportable	•		523. 0
<ul> <li>3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s</li> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	uch individual im of reportab	ile co	omp	ensa	atior	n and	d otl	ner compensation from			Yes	X
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	accrue compe	nsat	ion 1						ces rendered to		5	Х
Complete this table for your five highest contractors     NONE	mpensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compe	nsa	tion from	
(A) Name and business	address							(B) Description of s	ervices	Cc	(C) ompensati	on
Total number of independent contractors (i \$100,000 in compensation from the organi	_	not li	mıte	d to		se lii	stec	above) who received in	ore than		-orm 990	

ASSOCIATION, INC.

Part VIII Statement of Revenue (D)
Revenue
excluded from
tax under (A) (B) (C) Total revenue Related or Unrelated exempt function business sections 512, revenue revenue 513, or 514 1 a Federated campaigns 1a **b** Membership dues 1b 1c c Fundraising events 1d d Related organizations Government grants (contributions) All other contributions, gifts, grants, and 100. similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 100 h Total. Add lines 1a-1f Business Code 74,865. 66,151. 900099 74,865. 2 a MEMBERSHIP DUES Program Service Revenue 900099 66,151. b CONVENTION/MEETING FEE 900099 25,605. 25,605 CODE COURSE All other program service revenue 166,621 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,750 6,750. other similar amounts) Income from investment of tax-exempt bond proceeds 18,016. 18,016. Royalties (ii) Personal (i) Real 6 a Gross Rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 427**,**726. assets other than inventory b Less: cost or other basis 428,089 and sales expenses -363 Gain or (loss) -363. -363. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 29,445. Part IV, line 18 15,407 b Less: direct expenses 14,038. 14,038. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 541800 15,617 15,617 11 a ADVERTISING 900099 140 ь MISCELLANEOUS 140. All other revenue 15,757. Total. Add lines 11a-11d 166,621 220,919. 33,633. 20,565. Total revenue. See instructions

ASSOCIATION, INC.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundralsing expenses
1 G	rants and other assistance to governments and	. 1			
	rganizations in the U.S. See Part IV, line 21	11,472.			
	Grants and other assistance to individuals in				
t	ne U.S. See Part IV, line 22				
3 6	Grants and other assistance to governments,				
	rganizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	-	•		
t	rustees, and key employees	61,816.			
	compensation not included above, to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	23,339.			
8 F	Pension plan contributions (include section 401(k)		<del></del>		
	nd section 403(b) employer contributions)	700.			
	Other employee benefits	3,700.			
	Payroll taxes	6,931.			
	Fees for services (non-employees):				
	Management .				
	egal				
	Accounting	8,460.			
	Lobbying	9,699.			
	Professional fundraising services See Part IV, line 17				
	nvestment management fees	1,199.			
	Other		•		
•	Advertising and promotion .	10,330.			
	Office expenses	36,956.			
	nformation technology				•
	Royalties		•		•
	Occupancy	9,017.			
	Fravel	656.			
	Payments of travel or entertainment expenses	-			
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	72,708.			
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	8,723.			
	nsurance	5,679.			
ā	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а					
b					
c					
ď					
е.					
	All other expenses		<del>-</del> -		
	Fotal functional expenses. Add lines 1 through 24f	271,385.			
	IoInt costs. Check here if following	,		1	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form **990** (2009)

Part X Balance Sheet (A) Beginning of year End of year 34,074. 45,708. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 62,100. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L .. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 326,214. basis. Complete Part VI of Schedule D 10a 55,301.10b 279,637. 270,913. 10c b Less: accumulated depreciation 371,514. 380,443. 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 747,325. 697,064. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) -5,347. -5,140.17 17 Accounts payable and accrued expenses . 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 25 -5,347.-5,140. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

X
and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 702,204. 752,672. 32 Retained earnings, endowment, accumulated income, or other funds 32 752,672. 702,204. 33 Total net assets or fund balances 33 747,325. 697,064. Total liabilities and net assets/fund balances

Form 990 (2009)

Form 990 (2009) ASSOCIATION, INC. 56-0521364 Page 12

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

<b>●</b> Sec	ction 501(c)(4), (5), or (6) organiza		<del> </del>		· · · · · · · · · · · · · · · · · · ·
Name of		AS ELECTRICAL CO	NTRACTORS	Emple	oyer identification number
		TION, INC.			56-0521364
Part	I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	rganization.
1 Pr	ovide a description of the organiz	ation's direct and indirect politic	al campaign activities	ın Part IV.	
2 Pc	olitical expenditures			▶\$	0.
3 V	olunteer hours				0.
Part	I-B Complete if the org	janization is exempt und	er section 501(c)	(3).	
<b>1</b> Er	nter the amount of any excise tax	incurred by the organization und	er section 4955	. ▶\$	
2 Er	nter the amount of any excise tax	incurred by organization manage	ers under section 495	5 ▶\$	
3 If	the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?	•	Yes No
4a W	as a correction made?				Yes No
b lf	"Yes," describe in Part IV.				
Part	I-C Complete if the org	panization is exempt und	er section 501(c)	, except section 501(	
1 Er	nter the amount directly expended	d by the filing organization for sec	ction 527 exempt fund	ction activities > \$	0.
2 Er	nter the amount of the filing organ	ization's funds contributed to otl	ner organizations for s	section 527	
ex	cempt function activities			▶\$	0.
3 To	otal exempt function expenditures	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POl	<b>-</b> ,	
lır	e 17b			▶\$	
4 D	id the filing organization file Form	1120-POL for this year?			Yes No
5 E	nter the names, addresses and er	nployer identification number (Eli	N) of all section 527 p	olitical organizations to whic	h payments were made.
Fo	or each organization listed, enter t	the amount paid from the filing or	ganızatıon's funds. Al	lso enter the amount of politi	ical contributions received
	at were promptly and directly del	• • • • •	anization, such as a se	eparate segregated fund or a	a political action committee
(P	AC). If additional space is needed	d, provide information in Part IV.			<b>,</b>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
	<del></del>				
			1		1

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LHA

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009				56-0	0521364 Page 2
Part II-A Complete if the org		empt under section	n 501(c)(3) and file	ed Form 5768	
(election under sec	tion 501(h)).	<del></del>			
A Check  if the filing organizat	ion belongs to an af	filiated group.			
B Check Lifthe filing organizat	ion checked box A a	and "limited control" pr	ovisions apply.		
	s on Lobbying Expe itures" means amo	enditures unts paid or incurred	,	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ	ence a legislative bo	ody (direct lobbying)			
c Total lobbying expenditures (add lii	nes 1a and 1b)				
d Other exempt purpose expenditure	s			-	
e Total exempt purpose expenditures	s (add lines 1c and 1	d)			
f Lobbying nontaxable amount. Ente	r the amount from th	ne following table in bo	th columns.		
If the amount on line 1e, column (a) o	(b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000	20% o	f the amount on line 1e	<u>-                                      </u>		
Over \$500,000 but not over \$1,000	,000 \$100,0	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,	000,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	or less, enter -0-				
i Subtract line 1f from line 1c. If zero	or less, enter -0-				
j If there is an amount other than zei	o on either line 1h o	r line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this			·		Yes No
	ations that made a		<sup>,</sup> Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))				·	
c Total lobbying expenditures	<del> </del>				
d Grassroots nontaxable amount					
e Grassroots celling amount	11111111				
(150% of line 2d, column (e))					
					<del> </del>

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

56-0521364 Page 3

Schedule C (Form 990 or 990-EZ) 2009 ASSOCIATION, INC. 56-052136

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(8	3)	(1	b)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				_
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3	X	
_	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members	ort III-A, lii	<del></del>		1,865.
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	iaal	1		2,003.
_	expenses for which the section 527(f) tax was paid).	icai			
2	Current year		2a	10	394.
b			2b	- 1	7,351.
_	Total		2c	10	394.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		7 3 3 1 6
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	4		0.
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5	10	394.
	t IV Supplemental Information				7.00
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II·B.	line 1i. Also	. complete	this part
	ny additional information.			,	uno pont
	,,				
				· · · · · · · · · · · · · · · · · · ·	<del></del>
				·	

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

CAROLINAS ELECTRICAL CONTRACTORS
ASSOCIATION, INC.

Employer identification number 56-0521364

Par	1 Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		·
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		-
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
•	for charitable purposes and not for the benefit of the donor of	* *	•
	impermissible private benefit?		. Yes No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or public use)		storically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space	, , , , , , , , , , , , , , , , ,	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	·	2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re		
	year >	, out of the second of the sec	io organization doming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		•
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	<del>-</del>	
8	Does each conservation easement reported on line 2(d) abor		
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	· ion easements in its revenue and expens	· <del></del>
	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	- · · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	the footnote to its financial statements that describes these	·	, , , ,
ь	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures.
_	or other similar assets held for public exhibition, education,	•	•
	these items		, p
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	•	<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under SFAS 1		3, provido
а	Development of the Company of the Co	_	<b>▶</b> \$
b	Assets included in Form 990, Part X		. • \$
	,	• • • • • • • • • • • • • • • • • • • •	· • • —————————————————————————————————

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

		TION, INC.		<b></b>					21304	
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	are a sign	ificant us	e of its	collection	items
	(check all that apply):		_							
а	Public exhibition	•			hange prograr	ns				
b	Scholarly research	•		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	ın how ti	hey further t	he organizatio	n's exemp	t purpose	e in Par	t XIV.	
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or othe	r sımılar as	ssets		_	
	to be sold to raise funds rather than to be ma	intained as part of	the orga	nization's co	ollection?			L	Yes	No_
Par	Escrow and Custodial Arrang reported an amount on Form 990, Part		lete if org	ganization ai	nswered "Yes"	to Form 9	990, Part	IV, line	9, or	
4.			diant for		o or other occ	oto not in				
ıa	Is the organization an agent, trustee, custodia	an or other interme	ulary loi	CONTINUUTION	is or other ass	ets not in	Juded	Г	Yes	□No
	on Form 990, Part X?							L_	_ res	NO
D	If "Yes," explain the arrangement in Part XIV a	and complete the it	ollowing	table:					<b>A</b>	
	On any and the least of								Amount	
C	Beginning balance		•				1c			
	Additions during the year	•				•	1d			
e	Distributions during the year	•					1e			
Ţ	Ending balance						_1f _		٦.,	
	Did the organization include an amount on Fo	orm 990, Part X, line	9217					L	Yes	∟ No
	If "Yes," explain the arrangement in Part XIV.			11/ 1 / 5	000 D + 11					
Par	<b>‡ V</b> Endowment Funds. Complete if				1					
	-	(a) Current year	(b) F	nor year	(c) Two years	back (d)	Three yea	rs back	(e) Four y	ears back
1a	Beginning of year balance		-						****	<del></del>
b	Contributions		ļ		<u> </u>					
C	Net investment earnings, gains, and losses		<u> </u>	_	<u></u>	<del></del>	•			
d	Grants or scholarships		ļ		ļ					
е	Other expenditures for facilities									
	and programs		ļ							
f	Administrative expenses		ļ					, , , , ·,	- <del> - </del>	
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the year	end balance held	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment ▶	%								
С	Term endowment ▶9	%								
3a	Are there endowment funds not in the posses	ssion of the organiz	zation tha	at are held a	ind administer	ed for the	organızat	ION		
	by:								Υ	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the	organization's end	owment	funds.						
Par	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	, Part X, line 1	0.				
	Description of investment	(a) Cost or obasis (invest			or other (other)		umulated		(d) Book	value
	Last	Dasis (IIIVest		Uasis	(Ottiel)	- uepre	ciation			
	Land			27	7,902.	·····	9,18	<del>,   -</del>	260	715
b	Buildings				1,302.		7,10	<u>' •                                      </u>	208	,715.
С	Leasehold improvements	•	<u></u>	<u> </u>			····			<del></del>
d	Equipment .		<del></del>	- A	0 212		6 11	1		100
	Other	_ <u></u>			8,312.	4	6,114	± •		<u>,198.</u>
Total	l. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Par	t X, colur	mn (B), line 1	1 <i>U</i> (c).)	· · <u> </u>		<b>&gt;</b>	2/0	,913.

Part VII Investments - Other Securities. S	ee Form 990, Part X, line 1	2.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua est or end-of-year man	
Financial derivatives			_	
Closely-held equity interests				
Other				
			-	
	-			
Total (Col (b) must equal Form 990, Part X, col (B) line 12 )			<del></del>	
Part VIII Investments - Program Related.	Coo Form 000 Bort V line	12		······
	1	13.	(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	Co	est or end-of-year mar	
		_		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX Other Assets. See Form 990, Part X, line	e 15.			
	) Description			(b) Book value
	· · · · · · · · · · · · · · · · · · ·			
				<del></del>
* * * * * * * * * * * * * * * * * * * *				<del></del>
				<del> </del>
			· · · · · · · · · · · · · · · · · · ·	
				<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) III		<u> </u>	<u> </u>	
Part X Other Liabilities. See Form 990, Part X	., IINE 25.	/h) Amount	<del></del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
1. (a) Description of liability	· .	(b) Amount		
Federal income taxes			4	
			_	
			_	
			_	
			_	
		<del> </del>	_	
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 25 ) <b>&gt;</b>			
2 FIN 48 Footnote In Part XIV provide the text of the fo		la financial atatament	- 46-4	

FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

02-01-10

Schedule D (Form 990) 2009

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

## Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2009

Open To Public Inspection

Name of the organization

CAROLINAS ELECTRICAL CONTRACTORS ASSOCIATION, INC.

Employer identification number 56-0521364

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply	•	
a Mail solicitations	e Solicita	tion of	non-g	overnment grants		
<b>b</b> Internet and email solicitations	s f Solicita	tion of	gover	nment grants		
c Phone solicitations	g Special	fundra	ising (	events		
d In-person solicitations			_			
2 a Did the organization have a written of	or oral agreement with any individual	l (inclu	dina o	fficers, directors, tru	stees or	
key employees listed in Form 990, P			_		_	□ No
<b>b</b> If "Yes," list the ten highest paid ind				-		<del></del> :::
compensated at least \$5,000 by the		uant t	agie	ements under which	the fulldraiser is to	De
Compensated at least \$5,000 by the	organization:					
		(iii)	Did		(v) Amount paid	Mil Amount noid
(i) Name of individual	(ii) Activity	fund have c	raiser ustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	,	or cor	ustody itrol of utions?	from activity	fundraiser listed in col. (i)	organization
			Γ			
		Yes	No			
		<del> </del>	<u> </u>			
			İ			
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		<u> </u>	<u> </u>			
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		<del>                                     </del>	<del></del>			<del>-</del>
<del></del>		<del>                                      </del>	<del></del>	<u> </u>		
	<u></u>	1	<u> </u>		-	
	_					
Total						<u> </u>
3 List all states in which the organization	on is registered or licensed to solicit	funds	or has	been notified it is ex	tempt from registration	on or licensing.
						<del> </del>
					<del></del>	
		,				
					·	

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

Schedule G (Form 990 or 990-EZ) 2009

		le G (Form 990 or 990 EZ) 2009 ASSOC				-052136		
Pa	rt I		=		t IV, line 18, or reported	more than S	\$15,000	)
	_	on Form 990-EZ, line 6a. List events with	(a) Event #1 FALL AND SPRING GOLF	(b) Event #2	(c) Other events NONE	(add col.		
۵			(event type)	(event type)	(total number)	- col	l. <b>(c)</b> )	
Revenue								
æ	1	Gross receipts	29,445.			1 2	29,4	45.
	2	Less: Charitable contributions				<u> </u>		
_	3	Gross income (line 1 minus line 2)	29,445.			2	29,4	45.
	4	Cash prizes						
ses	5	Noncash prizes .						
Direct Expenses	6	Rent/facility costs				ļ <u>.</u>	· · · · · · · · · · · · · · · · · · ·	
Direct I	7	Food and beverages						
	8	Entertainment ,	1- 10-					
	9	Other direct expenses	15,407.				15,4	
	10	Direct expense summary. Add lines 4 through					15,4 14,0	
Pa	11 irt	Net income summary. Combine line 3, columnary. Gaming. Complete if the organization	answered "Yes" to Form	990 Part IV line 19 or	reported more than	<u> </u>	14,0	30.
	,, & ,	\$15,000 on Form 990-EZ, line 6a.	4.10W0/04 100 to 10111		roportod moro triali			
_		<b>V</b> 10,000 0111 0111 011		(b) Pull tabs/instant		(d) Total o	amına	(add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) thre		
leve								
	1	Gross revenue						
ses	2	Cash prizes				<u> </u>		
Expenses	3	Noncash prizes						
Direct I	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No			
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)		▶			
	8	Net gaming income summary. Combine line	1, column (d), and line 7		<b>&gt;</b>		_	
•	C۵.	ter the state(s) in which the organization open	atas gamina astrutuse:			[ <del></del>	Yes	No
9		the organization licensed to operate gaming a	- · · · -	states?		9a		1
		'No," explain:		Julius.			·   · · · · · ·	<b></b>
10a	We	ere any of the organization's gaming licenses	revoked, suspended or te	rminated during the tax	year?	10a	<u> </u>	<u> </u>
b	lf "	'Yes," explain:						
	_		<del></del>					
11	<u>~</u>	pes the organization operate gaming activities	with nonmembers?	<del></del>		11		
11 12		the organization operate gaining activities the organization a grantor, beneficiary or trust		of a partnership or other	r entity formed to		1	
		minister chantable gaming?		· · · · · · · · · · · · · · · · · · ·		12		

Schedule G (Form 990 or 990 EZ) 2009 ASSOCIATION, INC.	<u> 12136</u>	4 Pa	<u>age 3</u>
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	%		
b An outside facility 13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	1		
Name	_		
	Ì		
Address	-		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		ļ
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			1
Name	-		
Address ►			
Address	-		
16 Gaming manager information:			
To Garning manager information.			
Name			
	-		
Gaming manager compensation > \$			
Description of services provided ▶	İ		
	_		
	_		
	1		
Director/officer Employee Independent contractor			
17 Mandatory distributions.			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a		ļ
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$			1

Schedule G (Form 990 or 990-EZ) 2009

**ջ** ⊠ Schedule I (Form 990) 2009 **Employer identification number** 56-0521364 Open to Public OMB No 1545-0047 2009 Inspection (h) Purpose of grant or assistance recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. (d) Amount of cash grant LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. CAROLINAS ELECTRICAL CONTRACTORS (c) IRC section ıf applicable Enter total number of section 501(c)(3) and government organizations INC. General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? ASSOCIATION, Enter total number of other organizations 1 (a) Name and address of organization or government Name of the organization Department of the Tressury Internal Revenue Service SCHEDULE (Form 990) Parti Part !!

Schedule I (Form 990) 2009 ASSOCIATION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ASSOCIATION, INC.

Page 2

56-0521364

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) 2009

932102 02-02-10

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CAROLINAS ELECTRICAL CONTRACTORS ASSOCIATION, INC.

Employer identification number 56-0521364

FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERSHIP OF THE ASSOCIATION

SHALL CONSIST OF FIVE CLASSES: CONTRACTOR, ASSOCIATE, INDUSTRY

PROFESSIONAL, LIFE, AND HONOR ROLL.

FORM 990, PART VI, SECTION A, LINE 7A: DIRECTORS AT LARGE: NOT LATER THAN OCTOBER FIRST OF THE APPROPRIATE YEAR, THE EXECUTIVE DIRECTOR SHALL MAIL A LIST OF MEMBERS IN GOOD STANDING ALONG WITH PROPERLY PREPARED BALLOTS FOR NOMINATIONS TO THE BOARD OF DIRECTORS BY THE MEMBERS. THE MEMBERS SHALL NOMIATE SIX MEMBERS FROM A LIST OF THOSE IN GOOD STANDING TO SERVE AS DIRECTORS AT LARGE. NOMINATION BALLOTS SHALL BE RETURNED TO THE EXECUTIVE DIRECTOR BEARING A POSTMARK OF NOT LATER THAN OCTOBER 15TH. THE BALLOTS SHALL BE OPENED AND COUNTED ONLY IN THE PRESENCE OF THE TELLERS COMMITTEE. THE PERSONS RECEIVING THE MAJORITY SHALL BE DECLARED THE NOMINEES. OF A TIE VOTE, THE TELLERS COMMITTEE SHALL VOTE TO BREAK THE TIE. WHEN CANDIDATES OF DIRECTORS AT LARGE ARE DECLARED NOMINATED, A PROPERLY PREPARED BALLOT SHALL BE SENT OUT BY THE EXECUTIVE DIRECTOR. EACH MEMBER SHALL VOTE FOR THREE OF THE NOMINEES FOR THE DIRECTORS AT LARGE. BALLOTS SHALLED BE MAILED BACK TO THE ASSOCIATION OFFICE BEARING A POSTMARK OF NOT LATER THAN NOVEMBER 15TH. THE TELLERS COMMITTEE SHALL MEET AND CANVASS THE BALLOTS BY DECEMBER 1ST ACCOUNCING THE RESULTS TO THE MEMBERS NOT LATER THAN DECEMBER 15TH. THE BALLOTS SHALL BE OPENED AND COUNTED ONLY IN THE PRESENCE OF THE TELLERS COMMITTEE. THE PERSONS RECEIVING THE MAJORITY SHALL BE DECLARED THE DIRECTORS AT LARGE. IN CASE OF A TIE VOTE, THE TELLERS COMMITTEE SHALL VOTE TO BREAK THE TIE. DIRECTORS AT LARGE SERVE FOR A TERM OF THREE YEARS. THE TERM OF OFFICE OF THE NEW BOARD MEMBERS SHALL BEGIN THE FOLLOWING JANUARY 1ST.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211

Schedule O (Form 990) 2009

932211 02-03-10

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

CAROLINAS ELECTRICAL CONTRACTORS ASSOCIATION, INC.

Employer identification number 56-0521364

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR AND
TREASURER REVIEWED THE FORM 990. AN ELECTRONIC COPY OF THE FORM 990 WAS
PROVIDED TO EACH VOTING DIRECTOR OF THE BOARD PRIOR TO THE FILING DATE.
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS DETERMINED BY THE
EXECUTIVE COMMITTEE AND TREASURER OF THE BOARD. THE EXECUTIVE COMMITTEE
DECIDES ON ANNUAL SALARY FOR THE EXECUTIVE DIRECTOR. DISCUSSION IS HELD AT
THE 4TH QUARTER BOARD MEETING AND THE BOARD VOTES.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990) Department of the Tressury

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

Department	Department of the Treasury Internal Revenue Service	► Attach to Form 990.	► See separate instructions.	ons.		Inspection
Name of	ation CAROLINAS EL	ECTRICAL CONTRACTORS INC.			Εm	Employer identification number 56–0521364
Parti	Identification of Disregarded Entities (Complete if the organization	ite if the organization answered "Yes" t	n answered "Yes" to Form 990, Part IV, line 33.)			
	(a)	(9)	(c)	(D)	(9)	(J)
	Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
		·				
Part II	Identification of Related Tax-Exempt Organizations (Complete if organizations during the tax year.)	ations (Complete if the organization ar	the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	rt IV, line 34 becaus	e it had one or more i	elated tax-exempt
	(a)	(q)	(0)	9	(e)	(1)
	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
	of related organization		foreign country)	section	status (if section 501(c)(3))	entity
CONSTRU	CONSTRUCTION EDUCATION FOUNDATION OF THE					
CAROLINAS	AS, INC 56-2115921, 9715	PROVIDE EDUCATIONAL AND				
NORTHEA	NORTHEAST PARKWAY, MATTHEWS, NC 28105	TRAINING OPPORTUNITIES	NORTH CAROLINA	501(C)(3)	7	
LHA For	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ice, see the Instructions for Form 99	.0			Schedule R (Form 990) 2009

29

Schedule R (Form 990) 2009 ASSOCIATION, INC.

part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

56-0521364

	General or managing partner?	 		related	ε	Percentage ownership								90) 2009
	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			had one or more	(6)	Share of Pe end-of-year ov assets		_				-		Schedule R (Form 990) 2009
	(h) Disproportion- ate allocations? Yes No			ecause it h	_	_							_	Sch
	Share of Disend-of-year are assets			t IV, line 34 be	ε	Share of total								
				Form 990, Par	(0)	Type of entity (C corp, S corp, or trust)								
	(f) Share of total income			d "Yes" to							<u>.</u>		-	
	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			lon answere	Ð	Direct controlling entity								
	Predomina (related, u excluded fro			he organizat	(0)	Legal domicile (state or foreign country)								
	(d) Direct controlling entity			Trust (Complete if the	( <b>q</b> )	Primary activity								30
	(c) Legal domicile (state or foreign country)			ooration or (year.)		g.	-		[					
neared as a painter sink coining the tax year.	(b) Primary activity			Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)		Z c								
טוטמווובמווטווא וופמופס מא מ סמו	(a) Name, address, and EIN of related organization			Part IV Identification of Related Org	(a)	Name, address, and EIN of related organization								932162 07-21-10

Schedule R (Form 990) 2009 ASSOCIATION, INC.

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) PartV

Page 3

56-0521364

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	. ❷
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			*****	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<b>-</b>	$\dashv$	×
b Gift, grant, or capital contribution to other organization(s)		1b	×	
c Gift, grant, or capital contribution from other organization(s)		10		×
d Loans or loan quarantees to or for other organization(s)		19		×
		9		×
			<u></u>	
f Sale of assets to other organization(s)		=		×
a Purchase of assets from other organization(s)		ç	<u> </u>	×
		÷	-	×
i Lease of facilities equinment or other assets to other organization(s)		F		×
			-	
i Lease of facilities, equipment, or other assets from other organization(s)		į.	-	×
k Performance of services or membership or fundraising solicitations for other organization(s)		<del> </del>	×	
		=		×
		Ę	×	
n Sharing of paid employees		1n	×	
			****	
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		10		×
p Reimbursement paid by other organization for expenses		10	_	×
q Other transfer of cash or property to other organization(s)		19		×
r Other transfer of cash or property from other organization(s)		1r		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds			
(a)	æ	(0)		
Name of other organization(s)	Transaction type (a-r)	Amount involved	olved	
(1) CONSTRUCTION EDUCATION FOUNDATION OF THE CAROLINAS, INC.	В	9	6,500.	;
FOITUDATION OF THE	*	,	2 945	<u>ر</u>
מאינור ואינו ואינו וויון אינון איין אינון	4	7	7	
(6)				
(4)				
(5)				
932163 02-04-10	Sch	Schedule R (Form 990) 2009	990) 2(	60

-Page 4 56-0521364

Schedule R (Form 990) 2009

ASSOCIATION, INC.

part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b)	(q)	(0)	Ð	(e)	€	(6)	ε
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI	General or managing
of entity		(state or toreign country)	organizations?  Yes No	year assets	Yes No	of Schedule K-1 (Form 1065)	
						Schedule R (Form 990) 2009	n 990) 2009

•							
Form 8868 (Rev. 4-2009) Page 2							
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box							
Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868							
<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).</li> </ul>							
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)							
Туре	Name of Exempt Organization	Employer identification number					
print	CAROLINAS ELECTRICAL CONTRACTORS						
File by	ASSOCIATION, INC.	56-0521364					
extend	Number, street, and room or suite no. If a P.O. box, see instructions	For I	RS use on	ty			
due di filing t	5713 NORTHERDT TIMEMIT, NO. 300	<u> </u>					
return	See   City, town or post office, state, and ZIP code. For a foreign address, see instructions						
Che	ck type of return to be filed (File a separate application for each return)						
X	Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041 A	F	orm 5227	Form 8870			
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	F	orm 6069				
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.							
KENDALL PARKER							
• The books are in the care of > 9715 NORTHEAST PARKWAY, SUITE 300 - MATTHEWS, NC 28105							
no.4 occ 1016							
Telephone No ► 704-365-4016 FAX No ►  • If the organization does not have an office or place of business in the United States, check this box ►							
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this							
box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.							
4 I request an additional 3 month extension of time until NOVEMBER 15, 2010							
5	For calendar year 2009, or other tax year beginning, and ending						
6	is tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period						
7	State in detail why you need the extension		J	3 ponoc			
	ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NE	CES	SARY	TO FILE A			
	COMPLETE AND ACCURATE RETURN						
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069 enter the tentative tax, less any						
	nonrefundable credits. See instructions	8a	s				
ь	If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
	previously with Form 8868.	8b	\$				
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit						
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Lax Payment System) See instructions	8c	\$	N/A			
Signature and Verification							
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form							
Signa	ture > Silly Title > CPA	Oate	▶ 8/	11/10			
			Forn	8868 (Rev 4-2009)			

05-28 09

### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	والمراجع والمراجع والمراجع والمراجع والمنافع والمراجع والم	_				
• If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X			
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).</li> </ul>						
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led F	orm 8868.			
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).					
A corpo	ration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete	1			
Part I only						
All othe	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar	exte	nsion of time			
	come tax returns.					
noted b (not aut you mu	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron omatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cost submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Chanties & Nonprofits.	ically nsolic	if (1) you want the additional dated Form 990-T. Instead,			
Type or		Emp	oloyer identification number			
print	CAROLINAS ELECTRICAL CONTRACTORS	١.				
File by the	ASSOCIATION, INC.	ئـــا	66-0521364			
due date f filing your return Se	or Number, street, and room or suite no. If a P O. box, see instructions.  9715 NORTHEAST PARKWAY, NO. 300					
instruction						
 Check	type of return to be filed(file a separate application for each return).					
X F	orm 990 Form 990-T (corporation) Form 47	20				
==:	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52					
	orm 990-EZ Form 990-T (trust other than above)					
$\overline{}$	orm 990-PF Form 1041-A Form 88					
	5111 05511					
	KENDALL PARKER					
	books are in the care of > 9715 NORTHEAST PARKWAY, SUITE 300 - MAT	THE	WS, NC 28105			
	phone No ► 704-365-4016 FAX No ►		<del></del>			
	e organization does not have an office or place of business in the United States, check this box		▶ └			
			r the whole group, check this			
box 🕨	. If it is for part of the group, check this box  and attach a list with the names and EINs of all it	nemb	ers the extension will cover.			
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension						
	for the organization's return for:  • X calendar year 2009 or					
	tax year beginning , and ending					
	tax year beginning, and ending		<del>-</del>			
2 If	this tax year is for less than 12 months, check reason: Initial return		Change in accounting period			
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, !ess any					
	onrefundable credits. See instructions.	3a	\$			
<b>b</b> If	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated					
_	x payments made. Include any prior year overpayment allowed as a credit.	3b	\$			
	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,					
d	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)					
S	ee instructions.	3c_	s N/A			
Caution	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	3879-1	EO for payment instructions.			
	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev. 4-2009)			
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