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Form **990-EZ**

Department of the Treasury Internal Revenue Service

DAA

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)

Sponsonng 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 \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

А	For the	e 2009 calend	ar year,	or tax year beginning ,	and ending							
В	Check if	Check if applicable Please C Name of organization					D	Emp	loyer identification	number		
[]	Address	change	use IRS	NORTH CAROLINA VENDING								
	Name cl	hange	label or print or	ASSOCIATION, INC.					1_	<u> 56</u> -	-6062858	
	Initial ref	tum	type. See	Number and street (or P O box, if mail is not deliver)		Room/suite	ĮΕ		phone number	
	Termina	tion	Specific	2501 AERIAL CENTER PA	RKWAY			103	╁┈		9-459-207	0
	Amende		Instruc-	City or town, state or country, and ZIP + 4	NC 2756	5 0			F		p Exemption	
<u></u> _		ion pending	tions.	MORRISVILLE						Num		
	• Sec	tion 501(c)(3)	_	zations and 4947(a)(1) nonexempt charitable mpleted Schedule A (Form 990 or 990-EZ).	trusts must atta	icn		G Account	٠.		X Cash A	ccrual
_	Websit	o WW		EVEND . COM				Other (specif	<u>y, </u>	Z If the	organization is not	
J		empt status (ch		[-2]	4947(a)(1) or		527	required	to att	ach Sche	organization is not edule B (Form 990,	
ĸ	Check	>		ganization is not a section 509(a)(3) supporting				ceipts are nor	mally	not m	ore than \$25,000	A .
	Form 9	90-EZ or Forr		turn is not required, but if the organization cho-	-							
	Add line	s 5b, 6b, and 7b	, to line 9	to determine gross receipts, if \$500,000 or more, file F	orm 990 instead of F	orm	990-EZ			▶ \$	48	,308
F	art I	Reven	ue, Ex	penses, and Changes in Net Asset	s or Fund Ba	lan	ces (Se	ee the inst	ruct	ions f	or Part I.)	
	1	Contributions,	gifts, gran	its, and similar amounts received						1		
	2	Program ser	vice rev	enue including government fees and contracts						2		
38	3	Membership	dues ar	nd assessments	See	S	State	ment 1		3		,030
	4	Investment i	ncome							4	5	,086
3	5a	Gross amou	nt from s	sale of assets other than inventory	Ĺ	5a		1	<u> 122</u>			
\circ	b	Less cost or	r other b	asis and sales expenses	L	5b	<u> </u>] [•
₹.	С	. Gain or (loss) f	from sale	of assets other than inventory (Subtract line 5b from lin	ie 5a)					5c		122
SCANARD LOS	6	Special events	and activ	ities (complete applicable parts of Schedule G) If any	amount is from gam	ing,	check here	• ▶ [7			-
رية	a	Gross reven	ue (not i	ncluding \$ of co	ntributions			_				
U&	1	reported on l	line 1)	• .		6a						
Z	b	Less direct	expense	s other than fundraising expenses		6b						
Z	c	Net income of	or (loss)	from special events and activities (Subtract line	e 6b from line 6a)					6c		
50	7a			tory, less returns and allowances	ľ	7a	1					
<u>)</u>	ь	Less cost of			. [7b						
00	С		-	from sales of inventory (Subtract line 7b from	line 7a)					7c		
	8			ribe ▶ See Statement 2_	·)	8	1	,070
	9			ines 1, 2, 3, 4, 5c, 6c, 7c, and 8			_		_ •	9	48	,308
	10			χουητε paid (attach schedule)						10		
	11	Benefits par	L	JE: EN/E()						11		
"	12	. 4		ensation, and employee penefits						12		
Ses	13			A Ather payments 10 independent contractors						13	45	,250
penses	14			ities, and maintenance			•			14		440
Ĕ	15	il		postage, and shipping						15		490
	16	Other expen	ses (des	See Statement 3)	16	9	,544
	17			Tlines 10 through 16					_ ∠	17	55	,724
	18			r the year (Subtract line 17 from line 9)						18		,416
sts	19			alances at beginning of year (from line 27, colu	mn (A)) (must adi	ree v	vith					 -
1550	'			ported on prior year's return)	(, 1,) (aa. ag.					19	191	,814
Net Assets	20	•	•	assets or fund balances (attach explanation)	See	S	tate	ment 4		20		,185
ž	21	•		alances at end of year Combine lines 18 through		_			•	21		,583
P	art II			ets. If Total assets on line 25, column (B) are		ore. 1	file Form	990 instead	of Fo			7
	<u> </u>	Dalant	<u> </u>	(See the instructions for Part II)	<u> </u>	5, 5,	1	Beginning of ye			(B) End of year	
22	Cash s	avings, and ii	nvestme	•				191,8		22		,583
		nd buildings					<u> </u>			23		•
		issets (descrit	ne 🕨			١	<u> </u>			24		
	Total a		-			′		191,8	314		190	,583
		abilities (des	cribe 🕨			١	<u> </u>		0	26		0
		•		s (line 27 of column (B) must agree with line 2	1)	—'		191,8	314		190	,583
				Reduction Act Notice see the senarate inst							Form 990-E	

Form 990-EZ (2009) NORTH CAR	OLINA VENDING	5	<u>6-6062858</u>				Ра	ge :
Part III Statement of Program	n Service Accomplishment	s (See the instruct	ions for Part I	II.)		Ex	penses	
What is the organization's primary exempt po] (R	equired (for section	
PROMOTE AWARENESS AND INTEREST	IN THE VENDING INDUSTRY.				50)1(c)(3) a	and 501(c)(4)	
Describe what was achieved in carrying out		In a clear and concise			1		ns and section	л
manner, describe the services provided, the	number of persons benefited, or oth	er relevant information for	or		1	-	trusts, optiona	
each program title	•					r others)	•	
28 HOST ANNUAL TRADE CONVENTION	FOR VENDING INDUSTRY							
HOUL MINOR HODE CONVENTION	TON VENEZING INDUSTRI	•	• •					
•								
(Grants \$	f this amount includes foreign grants			(~)	28a	ĺ		
29 HOST ANNUAL MEETING FOR MEME					200			
29 HOST ANNUAL MEETING FOR MEME	BERS TO DISCUSS INDUSTRY TO	PICS			1	1		
		•						
				 1				
· · · · · · · · · · · · · · · · · · ·	f this amount includes foreign grants	s, check here		_!!_	29a			
30								
						l		
				_		l		
(Grants \$) I	f this amount includes foreign grants				30a			
31 Other program services (attach schedule	See Statement	5			[
(Grants \$) I	f this amount includes foreign grants	, check here	<u> </u>	<u> </u>	31a			
32 Total program service expenses (add i	ines 28a through 31a)			<u> </u>	32	<u> </u>		
Part IV List of Officers, Directors,	Trustees, and Key Employees. List	t each one even if not co						
(a) Name a		(b) Title and average hours per week	(c) Compensation (If not paid,		Contribi	utions to efit plans &	(e) Expense account and	
(a) Name a	nd address	devoted to position	enter -0)			pensation	other allowance	es
BILL WHITACRE III	GREENSBORO	PAST PRESIDE	ur					
7901 THORNDIKE RD	NC 27409		,	اد		o		0
ZED BRADLEY	CONOVER	PRESIDENT	<u> </u>	T				
PO BOX 1629	NC 28613			اه		٥		0
SKI DOYLE	SANFORD	DIRECTOR				-		
PO BOX 1207	NC 27330			اد		اه		0
JAMES BARBER	DURHAM	DIRECTOR	-	1				
1716 CAMDEN AVE	NC 27704	January.				اه		0
TIFF HOPKINS	FUQUAY VARINA	DIRECTOR		+		— <u> </u> †		
	NC 27526	DIRECTOR		اه		٥		0
6500 PRESTWICK PLACE MONTY RECOULLEY	WILMINGTON	TREASURER		+-		- 		<u>~</u>
		TREASURER		اد		اه		0
4413 17TH ST	NC 28412	DYDDGEOD		4-		—"∤		
MIKE GILBERT	INDIAN TRAIL	DIRECTOR				ا		_
1209 A TECHNOLOGY DRIVE	NC 28079			2		9		0
WAYNE SEAGRAVES	RIDGEWAY	VICE PRESIDE				ا۔		_
342 INDUSTRIAL PARK RD	VA 24148	 	<u> </u>	4		- 이		0
SARAH CARLTON	MORRISVILLE	EXEC DIR				_		_
2501 AERIAL CENTER PKWY STE 103	NC 27560			4		- 9		0
MARTY BALLEW	GREENSBORO	DIRECTOR		1				
7901 THORNDIKE RD	NC 27409			 		- 0		_0
SCOTT DENHARD	CHARLOTTE	DIRECTOR				1		
4808 CHESAPEAKE DR	NC 28216			Ч—		0		0
MIA MCDONOUGH	GREENSBORO	SECRETARY		1		J		
8320 TRIAD DRIVE	NC 27409			<u> </u>		0		0
JOE WISE	RALEIGH	DIRECTOR				1		
1320 HODGES ST.	NC 27604		<u> </u>			0		0
RANDY QUIRK	RALEIGH	DIRECTOR	ľ	1		ľ		
4141 PARK LAKE AVE. STE 600	NC 27612			<u> </u>		0		0
JOHN CRANE	GREENSBORO	DIRECTOR						
1102 FOREST HILL DRIVE	NC 27410			<u> </u>		o		o
RICHARD H. CARLTON	RALEIGH	LEGISLATIVE (OUSEL					
150 FAYETTEVILLE ST. STE. 1130	NC 27601		[o		0
						ļ		
			_					
		1	l	1		- 1		

41	List the states with which a copy of this return is filed	110116	
42a	The organization's books are in care of ▶ IMI	ASSOCIATION EXECUTIVE	Telepho
	0504 0515	an nanggay ome 103	

919-459-2070 ne no.

2501 AERIAL CENTER PARKWAY STE 103

MORRISVILLE, NC At any time during the calendar year, did the organization have an interest in or a signature or other authority

27560 7IP + 4

over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes." enter the name of the foreign country

42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c

At any time during the calendar year, did the organization maintain an office outside of the U.S?

If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of 44

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 45 "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		x
45_		X

Yes

No

X

Form 990-EZ (2009)

orm 990-F7 (2009)	MODUL	CAPOT THA	TIEND THE
orm 990-E7 (2009)	NORTH	CAROLINA	AFINDING

Form	990-EZ	(2009) NORTH	CAROLINA VENDING		5	<u>6-6062858</u>			F	Page 4
Pai	rt VI	Section 501(c)	(3) organizations and section 4	4947(a)(1) n	onexemp	t charitable tru	ists only. All se	ection		
		501(c)(3) orgai	nizations and section 4947(a)(1) nonexemp	t charitab	le trusts must	answer questio	ns 46	3-49t)
		and complete t	he tables for lines 50 and 51.							
46	Did the	organization engage i	n direct or indirect political campaign acti	vities on behalf	of or in oppo	sition to			Yes	No
	candida	tes for public office? If	f "Yes," complete Schedule C, Part I					46		
47	Did the	organization engage i	n lobbying activities? If "Yes," complete S	Schedule C, Par	t II			47		
48	Is the or	ganization operating	a school as described in section 170(b)(1)(A)(II)? If "Yes,	," complete S	chedule E		48		
49a	Did the	organization make an	y transfers to an exempt non-charitable re	elated organıza	tion?			49a		<u> </u>
b	If "Yes,"	was the related organ	nization a section 527 organization?					49b	L	
50	Comple	te this table for the org	ganization's five highest compensated en	nployees (other	than officers	, directors, trustee:	s and key			
	employe	es) who each receive	d more than \$100,000 of compensation to				one " (d) Contributions to			
		(a) Name and add	tress of each employee paid more than \$100,000		Title and average ours per week	(c) Compensation	employee benefit plans &		Expen ount a	
				dev	oted to position		deferred compensation	other	allowa	nces
	•									
	_					 	 			
		···				 	 			
						1	}			
						 	 	ļ		
							,			
	_			<u> </u>		<u> </u>				
	Total nu	mber of other employ	ees paid over \$100,000			1		L		
			m the organization. If there is none, enter							
	(a) 1	Name and address of eac	h independent contractor paid more than \$100,0	000	(b)	Type of service	(c) C	ompen	sation	
	-									
	•									
						· · · ·			·	
	-									
				1						
d	Total nu	mber of other indeper	ident contractors each receiving over \$10	00,000	>					
										
			ury, I declare that I have examined this return, in rect, and complete Declaration of paperer (oth							
Sign	ı	1 Mion	the disuller			1 5/2	/, 0			
Here		Signature of office	, 14	_		Date	/		_	
		1 / se	agures							
		Type or print name	e and title							
		Preparer's			Date	Check if self-	Preparer's Ident	tifying Nu	mber (S	ee instr
Paid		signature D.	KEITH JOYCE, CPA	·	04/28	3/10 employed ▶				
•	arer's	Firm's name (or yours	Joyce and Company	, CPA			EIN ▶ 5	6-2	202	<u>813</u>
Use	Only	ıf self-employed),	104 Brady Ct				Phone			

919-466-0946

no 🕨

address, and ZIP + 4

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

Cary, NC 27511

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 ▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ► See separate Instructions. OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

• Section 501(c)(4)	, (5), or (6) o	rganizations Comp	lete Part III.
Name of organization	NORTH	CAROLINA	VENDING

	ASSOCIATION, INC.			56-60628	58
Pa	rt I-A Complete if the organization is exe	mpt under section 501(c) or is a section	on 527 organization	n
1	Provide a description of the organization's direct and indi	rect political campaign activities	ın Part IV.		
2	Political expenditures			> \$ _	
3	Volunteer hours			_	
Pa	rt I-B Complete if the organization is exe	mpt under section 501(c)(3)		
1	Enter the amount of any excise tax incurred by the organi	zation under section 4955		▶ \$ _	
2	Enter the amount of any excise tax incurred by organization	on managers under section 495	5	▶ \$ _	
3	If the organization incurred a section 4955 tax, did it file F	form 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV		 		·
Pa	rt I-C Complete if the organization is exe	mpt under section 501(c), except sect	on 501(c)(3).	
1	Enter the amount directly expended by the filing organiza	tion for section 527 exempt fund	tion		
	activities			▶ \$ _	
2	Enter the amount of the filing organization's funds contrib	uted to other organizations for s	ection		
	527 exempt function activities			▶ \$ _	
3	Total exempt function expenditures Add lines 1 and 2 Er	nter here and on Form 1120-PC	L,		
	line 17b			▶ \$	 -
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification r	' '	-	• •	
	were made For each organization listed, enter the amount	,			
	contributions received that were promptly and directly del			a separate segregated	
	fund or a political action committee (PAC) If additional sp	T - " · · · · · · · · · · · · · · · · · ·			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
				 	Hone, enter -0-
		 		 	
					
		İ			
				 	
		 			
				j	
				 	
					<u> </u>
For F	Privacy Act and Panerwork Reduction Act Notice see th	e Instructions for Form 990 o	r 990-FZ	Sahadula C /Fass	2000 or 990-E7\ 2000

chedule C (Form 990 or 990		RTH CAROLIN			56-60628	
Part II-A Complet	e if the organi	zation is exempt	under section 5	01(c)(3) and file	ed Form 5768 (elec	ction
	ection 501(h)).				 	
		tion belongs to a				
Check ▶ ☐ if the		tion checked box		ontrol" provisior		
		bbying Expendit			(a) Filing organization's totals	(b) Affiliated group totals
		means amounts p			Organization's totals	group totals
1a Total lobbying expendition				-		
b Total lobbying expendition			t lobbying)			
c Total lobbying expendite		and 1b)				
d Other exempt purpose	•			.		
e Total exempt purpose e				 		
f Lobbying nontaxable ar	nount. Enter the ar	nount from the following	ig table in both			
columns		 	·			· · · · · · · · · · · · · · · · · · ·
If the amount on line 1e, colu	ımn (a) or (b) is:	The lobbying nonta				
Not over \$500,000	-	20% of the amount or				
Over \$500,000 but not over	\$1,000,000	 	the excess over \$500,00			
Over \$1,000,000 but not ov	er \$1,500,000	 	the excess over \$1,000,0			
Over \$1,500,000 but not ov	er \$17,000,000		the excess over \$1,500,00	00		
Over \$17,000,000		\$1,500,000				
g Grassroots nontaxable						
h Subtract line 1g from lin				 		
i Subtract line 1f from line					,	
j If there is an amount of		ther line 1h or line 1i, o	did the organization til	e Form 4720 reporti	19	Yes No
section 4911 tax for this	s year ⁷					l les litto
		4-Year Averagii	ng Period Under	Section 501(h)		
(Some or	ganizations th	at made a sectio	n 501(h) electioi	n do not have to	o complete all of the	he five
·	columns be	elow. See the ins	tructions for line	es 2a through 2	f on page 4.)	
	Lob	bying Expenditu	res During 4.Ye	ar Averaging Po	eriod	
		bying Expenditu	res Burning 4 Tex			
Calendar year (or find beginning in	*	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable a	mount					
b Lobbying ceiling amour	ıt					
(150% of line 2a, colum	n(e))					
c Total lobbying expendit	ures					
d Grassroots nontaxable	amount					
e Grassroots ceiling amo	unt			1		
(150% of line 2d, colum	ın (e))		`			

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

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)).

)	(b)	
_		Yes	No	Amount	
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:		. 1		
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	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?			<u> </u>	
h	Railies, demonstrations, seminars, conventions, speeches, lectures, or any other 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		- 1		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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		_X_
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	X	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	42,030
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	<u> 15,750</u>
b	Carryover from last year	2b	21,065
С	Total	2c	36,815
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	8,826
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	<u>27,989</u>
5	Taxable amount of loboying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Part IV Supplemental Information (continued)

4/28/2010 11:50 AM

56-6062858

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description		Amount	
MEMBERSHIP	DUES	\$	42,030
Total		\$	42,030

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	 Amount	
WEBPAGE ADVERTISING	\$ 592	
MISCELLANEOUS	300	
NEWSLETTER ADVERTISING	 178	
Total	\$ 1,070	

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

\$ •
42
 376 79 279 7,838 178 106 489 23 134
\$

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description					Amount		
UNREALIZED	GAIN	ON	VALUE	OF	INVESTMENTS	\$_	6,185
Total						\$_	6,185

6300 NORTH CAROLINA VENDING

Federal Statements

FYE: 12/31/2009

56-6062858

Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

SCHOLARSHIP FOR STUDENTS

4/28/2010 11:50 AM