



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization: **CHOANOKE AREA DEVELOPMENT ASSOC**  
 Doing Business As:  
 Number and street (or P O box if mail is not delivered to street address): **PO BOX 530** Room/suite:  
 City or town, state or country, and ZIP + 4: **RICH SQUARE NC 27869**

**D** Employer identification number: **56-0841757**

**E** Telephone number:  
**G** Gross receipts \$: **13,242,755**

**F** Name and address of principal officer:  
**TYRONE WILLIAMS**  
**P.O. BOX 530**  
**RICH SQUARE NC 27869**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status:  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.nc-cada.org**

**K** Type of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1962** **M** State of legal domicile: **NC**

**H(c)** Group exemption number ▶

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE ASSISTANCE TO LOW-INCOME INDIVIDUALS AND FAMILIES</b>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27	
	5	Total number of employees (Part V, line 2a)	5	399	
	6	Total number of volunteers (estimate if necessary)	6	400	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	9,916,730	13,082,100	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	796,879	159,099	
	11	Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, and 10c)	2,702	-22,263	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,716,311	13,218,936	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,310,893	3,159,964	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,955,865	6,299,625	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,294,056	3,091,023	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,560,814	12,550,612	
	19	Revenue less expenses Subtract line 18 from line 12	155,497	668,324	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21	Total liabilities (Part X, line 26)	2,090,935	4,415,807
		22	Net assets or fund balances Subtract line 21 from line 20	1,313,879	2,970,427
				777,056	1,445,380

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Sallie P. Surface*  
 Type or print name and title: *Sallie P. Surface, Executive Director* Date: *5-13-11*

**Paid Preparer's Use Only**  
 Preparer's signature: *JA Ridoutt, CPA* Date: *05/13/11* Check if self-employed:  Preparer's identifying number (see instructions): *P00394550*  
 Firm's name (or yours if self-employed), address, and ZIP + 4: *PETWAY MILLS & PEARSON, PA P.O. Box 1036 Zebulon, NC 27597-1036* EIN ▶ *20-2102404* Phone no ▶ *919-269-7405*

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

SCANNED JUN 20 2011

12

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

**TO PROVIDE ASSISTANCE TO LOW-INCOME INDIVIDUALS AND FAMILIES**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ **5,051,711** including grants of \$ ) (Revenue \$ )  
**HEAD START PROGRAM - THE PROGRAM SERVES ECONOMICALLY DISADVANTAGED PRESCHOOL CHILDREN BY PROVIDING COMPREHENSIVE HEALTH, EDUCATION, NUTRITION, SOCIAL, AND OTHER SERVICES.**

4b (Code ) (Expenses \$ **1,651,463** including grants of \$ **1,475,174** ) (Revenue \$ )  
**HUD SECTION 8 HOUSING PROGRAM - THIS PROGRAM PROVIDES RENTAL AND UTILITY ASSISTANCE TO LOW-INCOME FAMILIES.**

4c (Code ) (Expenses \$ **1,201,047** including grants of \$ **344,875** ) (Revenue \$ )  
**EMPLOYMENT AND TRAINING PROGRAMS - THESE PROGRAMS SERVE BY PROVIDING JOB TRAINING AND EMPLOYMENT OPPORTUNITIES TO MEMBERS OF LOW-INCOME FAMILIES.**

4d Other program services (Describe in Schedule O)

(Expenses \$ **4,098,761** including grants of \$ **1,339,915** ) (Revenue \$ )4e Total program service expenses ► **12,002,982**

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		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		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	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	X	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>• 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</li> <li>• 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 16? If "Yes," complete Schedule D, Part VIII</li> <li>• Did the organization report an amount for other assets related 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</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>• 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</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

**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		<b>X</b>
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	<b>X</b>	
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		<b>X</b>
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 Schedule K. If "No," go to line 25		<b>X</b>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
b 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 Schedule L, Part I		<b>X</b>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>X</b>	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
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		<b>X</b>
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		<b>X</b>
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1a	47		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1b	0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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	399		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		



**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.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TYRONE WILLIAMS PRESIDENT		X		X			0	0	0	
LYNN JOHNSON 1ST VICE PRESIDENT		X		X			0	0	0	
JOYCE BOHANNON 2ND VICE PRESIDENT		X		X			0	0	0	
MORRIS RASCOE SECRETARY / TREAS		X		X			0	0	0	
SUE GAY ASSISTANT SECRETARY		X		X			0	0	0	
SUSAN BRINKLEY MEMBER		X					0	0	0	
MARILYN GILLIAM MEMBER		X					0	0	0	
CURT KEDLEY MEMBER		X					0	0	0	
BESSIE MITCHELL MEMBER		X					0	0	0	
BRUCE WATFORD MEMBER		X					0	0	0	
CLARA DEBNAM MEMBER		X					0	0	0	
ERVIN GRIFFIN MEMBER		X					0	0	0	
KENNETH HARRIS MEMBER		X					0	0	0	
MARY KEETER MEMBER		X					0	0	0	
MARCELLE SMITH MEMBER		X					0	0	0	
FRED WEBB MEMBER		X					0	0	0	
JAMES WHITAKER MEMBER		X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CLEVELAND BLOUNT JR MEMBER		X						0	0	0
CALEB FORBES MEMBER		X						0	0	0
RANITA GATLING MEMBER		X						0	0	0
SANDRA STEPHENSON MEMBER		X						0	0	0
BERT WYATT MEMBER		X						0	0	0
HOWARD ERVIN MEMBER		X						0	0	0
ALFRED KWASIKPUI MEMBER		X						0	0	0
SENTHIA NEWSOME MEMBER		X						0	0	0
BRENDA TAYLOR MEMBER		X						0	0	0
CLARA WILSON MEMBER		X						0	0	0
SALLIE SURFACE EXECUTIVE DIRECTOR				X				66,211	0	0
MICKER RICHARDSON HEAD START DIRECTOR				X				54,662	0	0
<b>1b Total</b>								<b>120,873</b>		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CHOANOKE PUBLIC TRANSPORTATION RICH SQUARE NC 27869	P.O. BOX 320 TRANSPORTATION	312,620
DM BENNETT CONSTRUCTION, INC. GARYSBURG NC 27831	P.O. BOX 215 CONSTRUCTION	129,515
JOHN E. BASSETT, INC. EDENTON NC 27932	518C COKE AVENUE GENERAL CONTRAC	110,951

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	13,021,429			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	60,671			
	g Noncash contributions included in lines 1a-1f	\$	60,671			
	<b>h Total. Add lines 1a-1f</b>	<b>▶</b>	<b>13,082,100</b>			
	<b>Program Service Revenue</b>	Busn Code				
2a RENTAL REVENUES			126,100	126,100		
b PROGRAM REVENUES			32,999	32,999		
c						
d						
e						
f All other program service revenue						
<b>g Total. Add lines 2a-2f</b>		<b>▶</b>	<b>159,099</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)	▶	1,556		1,556	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6a Gross Rents	(i) Real				
		(ii) Personal				
		▶				
	b Less rental exps					
	c Rental inc or (loss)					
	<b>d Net rental income or (loss)</b>	<b>▶</b>				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		▶				
	b Less cost or other basis & sales exps		23,819			
	c Gain or (loss)		-23,819			
	<b>d Net gain or (loss)</b>	<b>▶</b>	<b>-23,819</b>	<b>-23,819</b>		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
<b>c Net income or (loss) from fundraising events</b>	<b>▶</b>					
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
<b>c Net income or (loss) from gaming activities</b>	<b>▶</b>					
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
<b>c Net income or (loss) from sales of inventory</b>	<b>▶</b>					
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>	<b>▶</b>					
<b>12 Total Revenue. See instructions</b>	<b>▶</b>	<b>13,218,936</b>	<b>135,280</b>	<b>0</b>	<b>1,556</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	3,159,964	3,159,964		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	129,834		129,834	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,023,612	4,847,689	175,923	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	204,203	169,488	34,715	
9 Other employee benefits	563,813	541,056	22,757	
10 Payroll taxes	378,163	359,255	18,908	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	13,611	12,028	1,583	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	65,549	53,793	11,756	
12 Advertising and promotion	13,665	11,773	1,892	
13 Office expenses	178,443	138,583	39,860	
14 Information technology	13,991		13,991	
15 Royalties				
16 Occupancy	697,366	655,287	42,079	
17 Travel	678,663	654,070	24,593	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	86,223	86,223		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	93,120	93,120		
23 Insurance	61,335	54,640	6,695	
24 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)				
a OTHER EXPENDITURES	697,460	687,346	10,114	
b SUPPLIES	356,439	356,439		
c TRAINING	60,065	53,042	7,023	
d EQUIPMENT, TOOLS & SUPPLI	47,650	47,650		
e FUEL	12,782	12,782		
f All other expenses	14,661	8,754	5,907	
25 Total functional expenses. Add lines 1 through 24f	12,550,612	12,002,982	547,630	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	71,074	1	107,293
	2	Savings and temporary cash investments	108,478	2	107,834
	3	Pledges and grants receivable, net	403,929	3	768,940
	4	Accounts receivable, net	152,551	4	122,048
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,421	9	75,229
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,209,048		
	b	Less accumulated depreciation	10b 1,051,989	1,335,302	10c 3,157,059
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	16,180	15	77,404
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,090,935	16	4,415,807	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	408,834	17	737,516
	18	Grants payable		18	
	19	Deferred revenue	9,476	19	440
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	580,866	23	2,165,227
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	314,703	25	67,244
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,313,879	26	2,970,427
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	674,162	27	1,274,841
	28	Temporarily restricted net assets	102,894	28	170,539
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	777,056	33	1,445,380	
34	<b>Total liabilities and net assets/fund balances</b>	2,090,935	34	4,415,807	

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990  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?

b Were the organization's financial statements audited by an independent accountant?

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?

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

3a 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		<b>X</b>
2b	<b>X</b>	
2c	<b>X</b>	
3a	<b>X</b>	
3b	<b>X</b>	

Form **990** (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,964,510	9,537,749	9,643,528	9,782,084	13,082,100	52,009,971
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	9,964,510	9,537,749	9,643,528	9,782,084	13,082,100	52,009,971
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						52,009,971

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	9,964,510	9,537,749	9,643,528	9,782,084	13,082,100	52,009,971
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,602	4,408	5,218	2,702	1,556	15,486
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			41,184			41,184
11 <b>Total support.</b> Add lines 7 through 10						52,066,641
12 Gross receipts from related activities, etc (see instructions)					12	1,373,933
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.89%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.48%
16a <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						

**14** First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

**19a** 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**b** 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**Part II, Line 10 - Other Income Detail**

**OTHER** \$ **41,184**

**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.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

Employer identification number

**CHOANOKE AREA DEVELOPMENT ASSOC**

**56-0841757**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_

4 Number of states where property subject to conservation easement is located ▶ \_ \_ \_ \_ \_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_ \_ \_ \_ \_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_ \_ \_ \_ \_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_ \_ \_ \_ \_

(ii) Assets included in Form 990, Part X ▶ \$ \_ \_ \_ \_ \_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_ \_ \_ \_ \_

b Assets included in Form 990, Part X ▶ \$ \_ \_ \_ \_ \_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.**

	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Term endowment ▶ \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |   | Yes    | 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 Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		365,623		365,623
b Buildings		2,921,507	429,250	2,492,257
c Leasehold improvements				
d Equipment		921,918	622,739	299,179
e Other				
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))</b>				<b>3,157,059</b>





**Part XIV** Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Name of the organization

Employer identification number

CHOANOKE AREA DEVELOPMENT ASSOC

56-0841757

Part I General Information on Grants and Assistance

- 1 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 criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

Part II 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 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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009 **CHOANOKE AREA DEVELOPMENT ASSOC** 56-0841757

**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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HOUSING ASSISTANCE -SEC 8		1,475,174			
EMPLOYMENT & TRAINING		344,875			
REPAIRS & WEATHERIZATION			752,177		DWELLING REPAIR
FOOD, SHELTER, UTILITIES		520,053			
PARTICIPANT SERVICES		67,685			
<b>Part IV</b> Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds  
 APPLICANTS FOR ASSISTANCE MUST DEMONSTRATE NEED AND QUALIFY BY MEETING  
 INCOME REQUIREMENTS BASED ON FEDERAL PROVERTY GUIDELINES. CONTROLS ARE IN  
 PLACE TO SEE THAT ASSISTANCE IS PROVIDED ONLY TO INDIVIDUALS AND FAMILIES  
 THAT MEET THE ORGANIZATION'S CRITERIA. MONITORING IS ALSO DONE BY AGENCIES  
 PROVIDING GRANT FUNDS TO INSURE THAT FUNDS PROVIDED ARE SPENT ACCORDING TO  
 THEIR GUIDELINES.

Part IV - Additional Information  
 CASH ASSISTANCE IS PAID DIRECTLY TO PROVIDERS.

**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open To Public  
Inspection

Name of the organization

**CHOANOKE AREA DEVELOPMENT ASSOC**

Employer identification number

**56-0841757**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b>				▶ \$						

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No
CHOANOKE PUBLIC TRANSPORTATION AUTH	BOARD MEMBER	312,620	TRANSPORTATION		X

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization

**CHOANOKE AREA DEVELOPMENT ASSOC**

Employer identification number  
**56-0841757**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( FOOD )	<input checked="" type="checkbox"/>	4	60,671	WHOLESALE VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		<input checked="" type="checkbox"/>
31		<input checked="" type="checkbox"/>
32a		<input checked="" type="checkbox"/>

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

---

**Part II Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

---

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

**CHOANOKE AREA DEVELOPMENT ASSOC**

Employer identification number  
**56-0841757**

**Form 990, Part III, Line 4d - All Other Achievements**

COMMUNITY SERVICES, WEATHERIZATION & OTHER HOUSING PROGRAMS, FATHERS' IN FOCUS, REUNIFICATION & FAMILY PRESERVATION, EMERGENCY FOOD & SHELTER SERVICE, IDA, ENERGY SHARE PROGRAMS, PARENTS AS TEACHERS, LOSS MITIGATION AND OTHER PROGRAMS - THESE PROGRAMS PROVIDE SERVICES AND ASSISTANCE TO LOW-INCOME INDIVIDUALS AND FAMILIES AND ASSISTS THEM IN ACHIEVING SELF-SUFFICIENCY.

**Form 990, Part VI, Line 11a - Organization's Process to Review Form 990**  
THE FINANCE COMMITTEE REVIEWS THE 990 AND REPORTS TO THE FULL BOARD FOR APPROVAL.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**  
ALL GOVERNING BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN OFF ON THE CONFLICT OF INTEREST POLICY. DURING MONTHLY BOARD MEETINGS THE POLICY IS READ BY ALL MEMBERS IN ATTENDANCE AND KNOWN CONFLICTS EITHER REAL OR PERCEIVED ARE BROUGHT FORTH. EMPLOYEES ARE ALSO REQUIRED TO REPORT KNOWN AREAS OF CONFLICT.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**  
THE ORGANIZATION DOES A WAGE COMPARABILITY STUDY EVERY TWO YEARS. INFORMATION GATHERED FROM THIS STUDY, ALONG WITH THE BUDGET GUIDELINES OF EACH GRANT, ARE USED TO DETERMINE PAY AND COMPENSATION FOR THE ORGANIZATION'S TOP OFFICIAL.

Name of the organization

CHOANOKE AREA DEVELOPMENT ASSOC

Employer identification number

56-0841757

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE SAME PROCESS TO DETERMINE THE COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL IS ALSO USED TO DETERMINE COMPENSATION FOR ALL EMPLOYEES. NO BOARD MEMBERS ARE COMPENSATED.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING AT THE ORGANIZATION'S OFFICE UPON REQUEST.

Schedule O - Additional Information

Schedule L - Part IV

MORRIS RASCOE (BOARD MEMBER) ALSO SERVES ON THE BOARD OF THE CHOANOKE PUBLIC TRANSPORTATION AUTHORITY, WHICH PROVIDED CONTRACTED TRANSPORTATION SERVICES FOR THE HEAD START PROGRAM.

**Depreciation and Amortization**  
 (Including Information on Listed Property)

▶ See separate instructions.      ▶ Attach to your tax return.

Name(s) shown on return **CHOANOKE AREA DEVELOPMENT ASSOC**      Identifying number **56-0841757**

Business or activity to which this form relates  
**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	93,120

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	93,120
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Forms <b>990 / 990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2009</b>
For calendar year 2009, or tax year beginning <b>07/01/09</b> , and ending <b>06/30/10</b>		
Name <b>CHOANOKE AREA DEVELOPMENT ASSOC</b>		Employer Identification Number <b>56-0841757</b>

**Form 990, Part X, Line 23 - Additional Information**

Name of lender	Relationship to disqualified person
(1) <b>USDA - LOAN</b>	
(2) <b>BB&amp;T 3660-01</b>	
(3) <b>FIRST CITIZENS BANK</b>	
(4) <b>BB&amp;T - 3660-02</b>	
(5) <b>RBC CENTURA</b>	
(6) <b>REMCO</b>	
(7) <b>Rich Square Fire and Rescue, Inc.</b>	
(8) <b>Southern Bank</b>	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>384,000</b>	<b>10/02/02</b>	<b>10/20/30</b>	<b>DUE MONTHLY</b>	<b>4.750</b>
(2) <b>75,000</b>	<b>02/17/04</b>	<b>02/17/09</b>	<b>DUE MONTHLY</b>	<b>5.500</b>
(3) <b>942,000</b>	<b>04/13/99</b>	<b>04/21/15</b>	<b>DUE MONTHLY</b>	<b>6.250</b>
(4) <b>28,775</b>	<b>06/15/08</b>	<b>09/15/12</b>	<b>DUE MONTHLY</b>	<b>5.500</b>
(5) <b>75,000</b>	<b>06/15/08</b>	<b>06/15/10</b>	<b>DUE MONTHLY</b>	<b>5.000</b>
(6) <b>396,000</b>	<b>10/20/02</b>	<b>08/20/10</b>	<b>DUE MONTHLY</b>	<b>2.820</b>
(7) <b>41,000</b>	<b>10/13/09</b>	<b>04/13/12</b>	<b>DUE MONTHLY</b>	
(8) <b>1,287,000</b>	<b>05/12/09</b>	<b>03/13/13</b>	<b>MONTHLY PAYMENTS</b>	<b>4.000</b>
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>SECURED BY BUILDINGS</b>	
(2) <b>SECURED BY A MOBILE CLASSROOM UNIT</b>	
(3) <b>SECURED BY BUILDINGS</b>	
(4) <b>SECURED BY MOBILE CLASSROOM UNIT</b>	
(5) <b>SECURED BY BUILDINGS</b>	
(6) <b>SECURED BY BUILDINGS</b>	
(7) <b>SECURED BY BUILDING</b>	
(8) <b>SECURED BY BUILDINGS</b>	<b>TO ACUIRE BUILDING</b>
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) <b>CASH</b>	<b>317,449</b>	<b>309,824</b>
(2) <b>CASH</b>	<b>63,761</b>	<b>58,906</b>
(3) <b>CASH</b>	<b>89,324</b>	<b>76,251</b>
(4) <b>CASH</b>	<b>18,212</b>	<b>11,060</b>
(5) <b>CASH</b>	<b>37,057</b>	<b>33,116</b>
(6) <b>CASH</b>	<b>55,063</b>	<b>25,734</b>
(7)		<b>31,103</b>
(8) <b>CASH</b>		<b>1,619,233</b>
(9)		
(10)		
<b>Totals</b>	<b>580,866</b>	<b>2,165,227</b>

56-0841757

**Federal Statements**

FYE: 6/30/2010

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
INTEREST	\$ <u>1,556</u>		14		
Total	\$ <u><u>1,556</u></u>				

**Federal Statements**

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACTED SERVICES	\$ 65,549	\$ 53,793	\$ 11,756	\$
Total	\$ 65,549	\$ 53,793	\$ 11,756	\$ 0

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
ADMINISTRATIVE SUPPORT	\$ 7,907	\$ 7,907	\$	\$
AGENCY MEMBERSHIPS	3,664		3,664	
SUBSCR / PUBLICATIONS	3,045	847	2,198	
MATERIALS AND INSTALLATIO	45		45	
Total	\$ 14,661	\$ 8,754	\$ 5,907	\$ 0