

#### 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



As Filed Data efile GRAPHIC print - DO NOT PROCESS

C Name of organization

### **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)

2009

OMB No 1545-1150

DLN: 93492285007010

D Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service

**B** Check if applicable

Form 990-EZ

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2009 calendar year, or tax year beginning 07-01-2009 , and ending 06-30-2010

_ A	Indicates thange and the second states and the second states are second solution and the second seco					-1259250		
_	ame ch	-		phone n				
_	nitial ref							
_	eminat		See Specific	City or town, state or country, and ZIP + 4		<b>F</b> C	F	
_	mende	ıp Exem ıber	ption -					
ı A	ррисати	on pending	tions.					
<b>♦</b> Se	ection			ns and 4947(a)(1) nonexempt charitable trusts npleted Schedule A (Form 990 or 990-EZ).	<b>G</b> Accounting mo		Γca	sh 🔽 Accrual
		- \^^^	IDDODTO	000	H Check ► F	- ıf the	e orgai	nızatıon
		** WWWNCA			ıs <b>not</b> requir	ed to a	ttach	
		_		e) - <b>5</b> 01(c)(6) <b>(</b> (insert no) 4947(a)(1) or 52	- Scheddie B			90-EZ, or 990-PF)
				s not a section 509(a)(3) supporting organization <b>anc</b> n 990 return is not required, but if the organization ch				
				etermine gross receipts, if \$500,000 or more, file Form 990 instea		<u>be 5ur</u> \$	<u> </u>	296,355
	art I			ses, and Changes in Net Assets or Fund I		nstruct	ions fo	or Part I )
	1			ants, and similar amounts received			1	143,836
	2	Program serv	ice reven	ue including government fees and contracts			2	118,776
	3	Membership o					3	17,235
	4	Investment in				_'	4	2,268
	-			e of assets other than inventory	-	•	H	2,200
а.	5a			·	5a		1 1	
Ę	b			sis and sales expenses	5b		-	
Revenue	С	, ,	•	e of assets other than inventory (Subtract line 5b fror	•		5c	
	6	Special event check here						
	а	Gross revenu	ie (not inc	luding \$ _of contributions				
		reported on li	ne 1)		6a	2,900	]	
	ь	Less directe	expenses	other than fundraising expenses	6b	7,975		
	c	Net income o	6c	4,925				
	7a	Gross sales o						
	ь	Less cost of	1,548	1				
	_ _	Gross profit o	or (loss) fr	om sales of inventory (Subtract line 7b from line 7a)	7b   	•	7c	-208
	8	Other revenue		, ,		,	8	
	9			es 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	286,832
				ounts paid (attach schedule)			<del></del>	
	10	Benefits paid		,			10	
	11	•					11	10.000
ı,	12	,	•	sation, and employee benefits		•	12	19,800
50	13	Professional f	13	725				
Expense	14		•	les, and maintenance		•	14	1,151
Ě	15	Printing, publications, postage, and shipping						
	16	Other expens	es (desc	nbe 🏲 😇		)	16	271,588
	17	Total expenses. Add lines 10 through 16						293,264
B	18	Excess or (de	eficit) for	the year (Subtract line 17 from line 9)			18	-6,432
Net.Assets	19	Net assets or	r fund bala	ances at beginning of year (from line 27, column (A))	(must agree with			
à.		end-of-year fi	igure repo	orted on prior year's return)		•	19	210,806
Š	20	O ther change	s in net a	ssets or fund balances (attach explanation) 🕏 🔹			20	2,069
	21	Net assets or	r fund bala	ances at end of year Combine lines 18 through 20			21	206,443
Pa	rt II			−If⊤otal assets on line 25, column (B) are \$1,250,0	00 or more, file Form 9	990 ins		of Form 990-EZ
				, , , , , , , , , , , , , , , , , , , ,	,			
			(See th	e instructions for Part II)	(A) Beginning of ye	ar	(B	B) End of year
22	Cash	n, savings, and	ınvestme	nts	200,	319 <b>2</b>	2	197,185
23	Land	and buildings				2	3	
24	Othe	Other assets (describe ▶ 24					9,258	
25	Total	Total assets					5	206,443
26	Total liabilities (describe 🕨)					6		
27	Net a	assets or fund b	balances (	line 27 of column (B) <b>must</b> agree with line 21) .	210,	806 <b>2</b>	7	206,443

Part IIII Statement of Progra		Expenses							
What is the organization's primary exe	(Required for section 501								
CONDUCTS SEMINARS FOR MEMBE	RS				(c)(3) and 501(c)(4)				
Describe what was achieved in carryin describe the services provided, the nu program title	494	organizations and section 4947(a)(1) trusts, optional for others)							
28 CONDUCTED CONFERENCES AN MEMBERS AND 150 AFFILIATE MEM				TELY 250					
(Grants \$ )	Ifthi	s amount includes foreign o	grants, check here .	▶ ┌	28a				
29									
(Grants \$ )	Ifthi	s amount includes foreign (	grants, check here .	▶┌	29a				
30									
(Grants \$ )	Ifthi	s amount includes foreign ç	grants, check here .	▶┌	30a				
<b>31</b> O ther program services (attach sc	hedul	e)							
(Grants \$ )	Ifthi	s amount includes foreign (	grants, check here .	▶ ┌	31a				
32 Total program service expenses (ad	ld line	es 28a through 31a) .		▶	32				
Part IV List of Officers, Directors	s, Tru	stees, and Key Employees.	List each one even if not co	mpensated (See the ins	struction	ns for Part IV )			
		(b) Title and average	(c) Compensation	(d) Contribution:	s to	(e) Expense			
(a) Name and address		hours per week	(If not paid,	employee benefit p	lans &	account and			
		devoted to position	enter -0)	deferred compens	atıon	other allowances			

Form **990-EZ** (2009)

Ρ	а	a	e	3
•	ч	9	_	_

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		Νο
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		N o
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40Ь		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νο
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ▶ BRADLEY WHΠED	<b>(70</b>	4)359-	4009
	PO BOX 64218 Located at ► Fayetteville, NC ZIP + 4	<b>▶</b> _28	306	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		No
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> □
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No
			00 F7	(2000)

Part	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and sectior	n 4947(a)(1) none	-			-	stions
46	Did the	e organization engage in direct	or indirect political can	npaign activities on b	oehalf of or in opp	osition to		Yes	No
(	candıd	ates for public office? If "Yes,"	complete Schedule C,	Part I			46		
<b>47</b>	47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
<b>48</b>	Is the	organization a school describe	d in section 170(b)(1)(	A)(II)? If "Yes," comp	olete Schedule E		48		
49a Did the organization make any transfers to an exempt non-charitable related organization?									
<b>b</b> If "Yes," was the related organization a section 527 organization?									
		ete this table for the organization							
(a) N		nd address of each employee more than \$100,000	(b) Title and averag hours per week devoted to position	(c) Compensa	tion employee	tributions to benefit plans & compensation	a	e) Exper count a r allowa	and
51	Compl	number of other employees pa ete this table for the organization pensation from the organization	on's five highest compe		contractors who	each received m	nore th	an \$10	0,000
(	( <b>a)</b> Nai	ne and address of each indepe	ndent contractor paid n	nore than \$100,000	<b>(b)</b> Typ	e of service	(c) (	Compen	sation
51(d)		number of other independent of			wing schedules and st	tatements and to th	ne hest	of my kn	
Pleas		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to t and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare *******  2010-09-21						ny knowle	:dge
Sign Here		Signature of officer  BRADLEY WHITED TREASURER Type or print name and title		Date			9-21		
Paid	!	Preparer's JACKIE KIRBY CPA		Date 2010-10-11	Check if self-empolyed	Preparer's identify (See instructions)		nber	
Prepai Use O	nlv 🗀	Firm's name (or yours f self-employed), address, and ZIP + 4				EIN 🕨			
		FAYETTEVIL	LE, NC 28312			Phone no 🕨 (91	l0) 483-		
May th	ne IRS	discuss this return with the pre	eparer shown above? S	ee instructions .		📂	Гγ	es 🔽	No

# Software ID: Software Version:

**EIN:** 56-1259250

Name: NORTH CAROLINA AIRPORTS ASSOCIATION

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RICHARD K LEWIS 900 AVIATION BLVD Concord, NC 28027	PRESIDENT 1	0	0	0
MARK D WIEBKE PO BOX 19006 Charlotte,NC 28219	VICE PRESIDENT 0	0	0	0
DON K HOWARD 2780 JETPORT RD SUITE 1 Kinston, NC 28504	SECRETARY 0	0	0	0
BRADLEY WHITED PO BOX 64218 Fayetteville, NC 28306	TREASURER 0	0	0	0
MICKIE ELMORE PO BOX 35445 Greensboro, NC 27425	IMMEDIATE PAST 0	0	0	0
HOWIE FRANKLIN 4019 LONG BEACH RD Oak Island, NC 28465	REGION 1 REPRES 0	0	0	0
RAY BLACKMON 3149 SWIFT CREEK RD Smithfield, NC 27577	REGION 1 REPRES 0	0	0	0
SCOTT HINTON 1028 CONSOLIDATED ROAD Elizabeth City, NC 27909	REGION 1 REPRES 0	0	0	0
WILLIAM A WILDER PO BOX 759 Lillington, NC 27546	REGION 2 REPRES 0	0	0	0
TONEY COLEMAN PO BOX 64218 Fayetteville, NC 28306	REGION 2 REPRES 0	0	0	0
DAN DANIELEY 3441 NORTH AVIATION DR Burlington, NC 27215	REGION 2 REPRES 0	0	0	0
KEVIN HOWELL 61 TERMINAL DR SUITE 1 Fletcher,NC 28732	REGION 3 REPRES 0	0	0	0
STEPHEN A VICNAIR 16 BOULEVARD ST Murphy,NC 28906	REGION 3 REPRES 0	0	0	0
TERRY CLARK PO BOX 398 Hickory,NC 28601	REGION 3 REPRES 0	0	0	0
GARY BROUGHTON 1740 AIRPORT BLVD Wilmington, NC 28405	AT LARGE MEMBER 0	0	0	0
KNAPP BRABBLE 1069 AIRPORT RD Plymouth,NC 27962	AT LARGE MEMBER 0	0	0	0
RICHARD WALLS 1514 MAIL SERVICE CENTER Raleigh,NC 27699	DIRECTOR NCDOT 0	0	0	0
LISA EDWARDS 335 SCARLET TANAGER CT Arden, NC 28704	EXECUTIVE SECRE 10	19,800	0	0

#### **TY 2009 Other Assets Schedule**

Name: NORTH CAROLINA AIRPORTS ASSOCIATION

**EIN:** 56-1259250

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	8,612	7,672
INVENTORY	1,875	1,586

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492285007010

## **TY 2009 Other Changes in Net Assets Schedule**

Name: NORTH CAROLINA AIRPORTS ASSOCIATION

**EIN:** 56-1259250

Description	Amount
PPA	2,069

# **TY 2009 Other Expenses Schedule**

Name: NORTH CAROLINA AIRPORTS ASSOCIATION

**EIN:** 56-1259250

Description	Amount			
INSURANCE	1,344			
TRAVEL	2,047			
MEALS	766			
OFFICE SUPPLIES	877			
MISC	140			
SCHOLARSHIP FUND	10,000			
SPECIALTY CONFERENCES	6,705			
POSTAGE	1,188			
OFFICE EXPENSE	331			
WEB HOSTING	331			
CONFERENCE EXPENSES	82,821			
LOGO ITEMS DONATED	1,340			
REGIONAL WORKSHOPS	1,475			
OPERATION FLY NC	3,352			
AVIATION CAREER EDUCATION	10,000			
AIRPORT MANAGERS HANDBOOK	7,102			
NCAA STORMWATER PROJECT	141,769			