



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-EZ

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Open to Public
Inspection

► 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
► 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 07/01/09, and ending 06/30/10

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

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization
NC ASSOCIATION FOR BIOMEDICAL RESEARCH

Number and street (or P O box, if mail is not delivered to street address)
3901 BARRETT DRIVE

Room/suite
300

City or town, state or country, and ZIP + 4
RALEIGH NC 27609

D Employer identification number
56-1683704

E Telephone number
919-785-1304

F Group Exemption Number
►

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method
 Cash Accrual
Other (specify) **►**

I Website: ► www.ncabr.orgJ Tax-exempt status (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **456,886**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	<p>1 Contributions, gifts, grants, and similar amounts received</p> <p>2 Program service revenue including government fees and contracts</p> <p>3 Membership dues and assessments</p> <p>4 Investment income</p> <p>5a Gross amount from sale of assets other than inventory</p> <p>b Less cost or other basis and sales expenses</p> <p>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</p> <p>6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/></p> <p>a Gross revenue (not including \$ _____ of contributions reported on line 1)</p> <p>b Less direct expenses other than fundraising expenses</p> <p>c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</p> <p>7a Gross sales of inventory, less returns and allowances</p> <p>b Less cost of goods sold</p> <p>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</p> <p>8 Other revenue (describe ► See Statement 1)</p> <p>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</p>	<p>1 408,109</p> <p>2 32,470</p> <p>3</p> <p>4 550</p> <p>5a</p> <p>5b</p> <p>5c</p> <p>6a</p> <p>6b</p> <p>6c</p> <p>7a</p> <p>7b</p> <p>7c</p> <p>8 15,757</p> <p>9 456,886</p>
Expenses	<p>10 Grants and similar amounts paid (attach schedule)</p> <p>11 Benefits paid to or for members</p> <p>12 Salaries, other compensation, and employee benefits</p> <p>13 Professional fees and other payments to independent contractors</p> <p>14 Occupancy, rent, utilities, and maintenance</p> <p>15 Printing, publications, postage, and shipping</p> <p>16 Other expenses (describe ► See Statement 2)</p> <p>17 Total expenses. Add lines 10 through 16</p>	<p>10</p> <p>11</p> <p>12 219,876</p> <p>13 65,275</p> <p>14</p> <p>15</p> <p>16 127,863</p> <p>17 413,014</p>
Net Assets	<p>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</p> <p>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</p> <p>20 Other changes in net assets or fund balances (attach explanation)</p> <p>21 Net assets or fund balances at end of year. Combine lines 18 through 20</p>	<p>18 43,872</p> <p>19 231,588</p> <p>20</p> <p>21 275,460</p>
FEB 03 2011	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">JAN 20 2011</p> <p style="margin: 0;">IRS-OSC</p> <p style="margin: 0;">OGDEN, UT</p> </div>	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	224,878	22 265,306
23 Land and buildings		23
24 Other assets (describe ► See Statement 3)	36,179	24 30,652
25 Total assets	261,057	25 295,958
26 Total liabilities (describe ► See Statement 4)	29,469	26 20,498
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	231,588	27 275,460

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

DAA

Form 990-EZ (2009)

SCANNED

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

See Statement 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 See Statement 6

Expenses
required for section
(3) and 501(c)(4)
organizations and section
(a)(1) trusts, optional
others)

(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	201,501
29	MEMBERSHIP SERVICES - PROVIDES MEMBERS WITH OBJECTIVE, TIMELY AND AUTHORITATIVE ADVICE THROUGHOUT THE BIOSCIENCES RESEARCH COMMUNITY.				
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	29,958
30					
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31	Other program services (attach schedule)				
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/>	32	231,459

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Part V Other Information (Note the statement requirements in the instructions for Part V)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a 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

b If "Yes," has it filed a tax return on Form 990-T 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

37a Enter amount of political expenditures, direct or indirect, as described in the instr ► 37a

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter

a 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 40b

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 40c

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d

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

41 List the states with which a copy of this return is filed ► **None**42a The organization's books are in care of ► **SUZANNE WILKISON**
PO BOX 19469Telephone no ► **919-785-1304**Located at ► **RALEIGH, NC**ZIP + 4 ► **27619**

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)?

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 ?
If "Yes," enter the name of the foreign country ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

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

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

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	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	46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None					

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None			

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	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		
	► Suzanne W. Wilkison Signature of officer	► January 14, 2011 Date	

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ►	Preparer's Identifying Number (See instr)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	01/11/11	<input checked="" type="checkbox"/>	EIN ► 56-1627242 Phone no ► 919-870-5151

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

► Yes No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

SECTION FOR BIOMEDICAL

**NC ASSOCIATION FOR BIOMEDICAL
RESEARCH**

Employer Identification number
56-1683704

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
e a Type I b Type II c Type III—Functionally integrated d Type III—Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 NC ASSOCIATION FOR BIOMEDICAL

56-1683704

Page 2

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")	717,701	542,946	434,842	417,218	408,109	2,520,816
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 Total. Add lines 1 through 3	717,701	542,946	434,842	417,218	408,109	2,520,816
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)						554,382
6 Public support. Subtract line 5 from line 4						1,966,434

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	717,701	542,946	434,842	417,218	408,109	2,520,816
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,104	8,228	4,389	994	550	24,265
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	5,993	6,768	15,479	18,004	15,757	62,001
11 Total support. Add lines 7 through 10						2,607,082
12 Gross receipts from related activities, etc (see instructions)					12	67,422
13 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						► <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	75.43%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	74.53%
16a 33 1/3 % support test—2009. 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 33 1/3 % support test—2008. 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 10%-facts-and-circumstances test—2009. 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 10%-facts-and-circumstances test—2008. 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 Private foundation. 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

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

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**

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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 REVENUE \$ 62,001

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
OTHER INCOME	\$ 11,378
RENTAL INCOME	<u>4,379</u>
Total	\$ <u>15,757</u>

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
POSTAGE AND SHIPPING	4,225
PRINTING, COPYING & VIDEO	15,083
Travel	9,493
PROGRAM SUPPLIES & MATL	5,711
CATERING	10,097
FACILITY FEES	1,203
TEACHER SUBSTITUTE PAY	3,139
DUES AND REGISTRATIONS	3,358
INDIRECT COSTS	<u>75,554</u>
Total	\$ <u>127,863</u>

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	\$	316
Prepaid Expenses and Deferred Charges	4,647	6,636
PROPERTY & EQUIPMENT	74,425	76,822
Less Accumulated Depreciation	45,646	57,887
SECURITY DEPOSIT	1,762	1,762
SALES TAX RECEIVABLE	991	3,003
	<u>36,179</u>	<u>30,652</u>

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 556	\$ 498
Deferred Revenue	28,268	20,000
	<u>645</u>	
	<u>29,469</u>	<u>20,498</u>

Federal Statements**Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

TO FOSTER A BETTER UNDERSTANDING OF THE BENEFITS OF BIOMEDICAL RESEARCH AND THE NECESSITY FOR THE HUMANE USE OF ANIMALS IN SUCH RESEARCH.

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

PUBLIC INFORMATION/EDUCATION - PROMOTE PUBLIC AWARENESS ABOUT THE FIELD OF BIOSCIENCE AND ANIMAL RESEARCH. PROGRAMS INCLUDE TEACHER WORKSHOPS, MEDIA FORUMS AND PROGRAMS FOR THE GENERAL PUBLIC.

Federal Statements**Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SUZANNE WILKISON 3901 BARRETT DRIVE, SUITE 300 RALEIGH, NC 27609	PRESIDENT	40.00	97,061	22,906	0
DR. LINDA DYKSTRA UNC AT CHAPEL HILL CHAPEL HILL, NC 27599	DIRECTOR	0.50	0	0	0
DR. WARD PETERSON INSPIRE PHARMACEUTICALS INC DURHAM, NC 27703	CHAIR	1.00	0	0	0
DR. CHRISTOPHER DUFFRIN BRODY SCHOOL OF MEDICINE GREENVILLE, NC 27834	TREASURER	1.00	0	0	0
DR. STEPHEN DEMPSEY NCSU RALEIGH, NC 27695	VICE CHAIR	1.00	0	0	0
HARRIET S. BURGESS GLAXOSMITHKINE RESEARCH TRIANGLE PARK, NC 27709	DIRECTOR	0.50	0	0	0
DR WESLEY BYERLY DUKE UNIVERSITY DURHAM, NC 27710	SECRETARY	1.00	0	0	0
DR. NAINA BHASIN THE HAMNER INSTITUTE FOR HEALTH SCIE RESEARCH TRIANGLE PARK, NC 27709	DIRECTOR	0.50	0	0	0
KENDRA CARDWELL NC CENTRAL UNIVERSITY DURHAM, NC 27707	DIRECTOR	0.50	0	0	0

Federal Statements**Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DR. Verna Case DAVIDSON COLLEGE DAVIDSON, NC 28035	DIRECTOR	0.50	0	0	0
DR. MARK CLEMENS UNC AT CHARLOTTE CHARLOTTE, NC 28223	DIRECTOR	0.50	0	0	0
DR. JANICE DYE US ENVIRONMENTAL PROTECTION AGNCY RESEARCH TRIANGLE PARK, NC 27711	DIRECTOR	0.50	0	0	0
STEPHANIE EVANS WINSTON SALEM STATE UNIVERSITY WINSTON-SALEM, NC 27110	DIRECTOR	0.50	0	0	0
DR. STANLEY FAETH UNC AT GREENSBORO GREENSBORO, NC 27402	DIRECTOR	0.50	0	0	0
DR. DAVID FRIEDMAN WAKE FOREST SCHOOL OF MEDICINE WINSTON-SALEM, NC 27157	DIRECTOR	0.50	0	0	0
DR. GREGORY GATTO TARGACEPT, INC WINSTON-SALEM, NC 27101	DIRECTOR	0.50	0	0	0
DR. PAUL J. GEMPERLINE EAST CAROLINA UNIVERSITY GREENVILLE, NC 27858	DIRECTOR	0.50	0	0	0
SCOTT GIBSON DUKE UNIVERSITY SCHOOL OF MEDICINE DURHAM, NC 27710	DIRECTOR	0.50	0	0	0

Federal Statements

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DR. MARY GRANT NIH RESEARCH TRIANGLE PARK, NC 27709	DIRECTOR	0.50	0	0	0
DR. IRMA GROSSI RTI INTERNATIONAL RESEARCH TRIANGLE PARK, NC 27709	DIRECTOR	0.50	0	0	0
DR. TRACY HANNER NC AG AND TECHNICAL STATE UNIVERSITY GREENSBORO, NC 27411	DIRECTOR	0.50	0	0	0
DR. MICHELLE HARGIS WESTERN CAROLINA UNIVERSITY CULLOWHEE, NC 28723	DIRECTOR	0.50	0	0	0
DR EDELMA HUNTLEY APPALACHIAN STATE UNIVERSITY BOONE, NC 28608	DIRECTOR	0.50	0	0	0
KIMBERLEE HYMAN FAYETTEVILLE STATE UNIVERSITY FAYETTEVILLE, NC 28301	DIRECTOR	0.50	0	0	0
DR. GREGG KORMANIK UNC AT ASHEVILLE ASHEVILLE, NC 28804	DIRECTOR	0.50	0	0	0
DR. KIM MIHALKO CAROLINAS HEALTHCARE SYSTEM CHARLOTTE, NC 28203	DIRECTOR	0.50	0	0	0
R. DAVID MILLER GLAXOSMITHKLINE RESEARCH TRIANGLE PARK, NC 27709	DIRECTOR	0.50	0	0	0

Federal Statements

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DR. DORCAS O'ROURKE EAST CAROLINA UNIVERSITY GREENVILLE, NC 27858	DIRECTOR	0.50	0	0	0
DR. ETTA PISANO UNC AT CHAPEL HILL SCHOOL OF MEDICIN CHAPEL HILL, NC 27517	DIRECTOR	0.50	0	0	0
LEANNE PRETE UNC AT WILMINGTON WILMINGTON, NC 28403	DIRECTOR	0.50	0	0	0
DR MELANIE REMBERT SORRELL NCSU COLLEGE OF VET MEDICINE RALEIGH, NC 27606	DIRECTOR	0.50	0	0	0
SARAH SMITH UNC GENERAL ADMINISTRATION CHAPEL HILL, NC 27515	DIRECTOR	0.50	0	0	0
DR. KEN TINDALL NC BIOTECHNOLOGY CENTER RESEARCH TRIANGLE PARK, NC 27709	DIRECTOR	0.50	0	0	0
DR. MARY ANN VASBINDER RTB AALAS RESEARCH TRIANGLE PARK, NC 27709	DIRECTOR	0.50	0	0	0
DR. JANICE WAGNER WAKE FOREST UNIV HEALTH SCIENCES WINSTON-SALEM, NC 27157	DIRECTOR	0.50	0	0	0
DR TONY WALDROP UNC AT CHAPEL HILL CHAPEL HILL, NC 27599	DIRECTOR	0.50	0	0	0

NCABR NC ASSOCIATION FOR BIOMEDICAL
56-1683704
FYE: 6/30/2010

1/11/2011 6:00 PM

Federal Statements

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DR CYNTHIA WARRICK ELIZABETH CITY STATE UNIVERSITY ELIZABETH CITY, NC 27909	DIRECTOR	0.50	0	0	0
DR VELINDA WORIAK UNC AT PEMBROKE PEMBROKE, NC 28372	DIRECTOR	0.50	0	0	0

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

► **Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization NC ASSOCIATION FOR BIOMEDICAL RESEARCH	Employer identification number 56-1683704
	Number, street, and room or suite no. If a P O box, see instructions 3901 BARRETT DRIVE	300
	City, town or post office, state, and ZIP code. For a foreign address, see instructions RALEIGH NC 27609	

Check type of return to be filed (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **SUZANNE WILKISON**

Telephone No ► **919-785-1304** FAX No ►

- If the organization does not have an office or place of business in the United States, check this box

►

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year or

► tax year beginning **07/01/09**, and ending **06/30/10**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$
<i>None</i>		

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)