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Form 990-EZ

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)

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

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A	For th	e 2009 calendar year, or tax year beginning NOV 1, 2009		aı	nd endi	ng OC'	г 3	1,	2010
	Check if						D Emp	loyer i	dentification number
	Addres	S USE IRS NORTH CAROLINA TRUCKING ASSOCIAT	ION	1					
Ē	Name	part or FOINDATION	6-1	893210					
Ē	Initial	Number and street (or P.O. box if mail is not delivered to street addre	ss)	•	R	oom/suite	E Tele	phone	number
F	Term	in- Specific P. O. BOX 2977					9	19-	834-0387
Ē	Amer						F Gro	up Exe	mption
F	Application of the control of the co					İ		nber 🕨	·
_		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must atta	ch a ci	omple	ted	G Accoun			X Cash Accrual
	-	Schedule A (Form 990 or 990-EZ).		····p··•		Other (s			
1 1	Websit	e. ► N/A	-						he organization is not
		empt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a	1)(1) n	, [527				lule B (Form 990, 990-EZ, or 990-PF)
	Check								
, ,	JIIGUK	Form 990 return is not required, but if the organization chooses to file a ret	-			-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20,000 A 1 01111 330-LZ ()1
_	Add ho	es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form					<u> </u>	S	10,051.
	art I	Revenue, Expenses, and Changes in Net Assets or Full					ctions		#1)
1.5.5	1	Contributions, gifts, grants, and similar amounts received						1	2,165.
	2	Program service revenue including government fees and contracts					ŀ	2	2/103:
						•	ł	3	
	3	Membership dues and assessments						4	640.
	4	Investment income Gross amount from sale of assets other than inventory STMT 2	ء ا	. 1		7,2	16	4	040.
	5a	•	58			7,7			
26	b	Less cost or other basis and sales expenses	<u>5t</u>	0		1,1.	90.	_	<504.>
S(Purchas)) C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a					-	5c	<u> </u>
5	6	Special events and activities (complete applicable parts of Schedule G). If any amoun	it is irc	om gai	ming, cn	eck nere 🚩	니		
8€	a	Gross revenue (not including \$ of contributions	ء ا	. 1					
		reported on line 1)	62	_+_		-	-		
	b	b Less direct expenses other than fundraising expenses [6b]						_	
₹	C	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)					6c	-	
MAR		Gross sales of inventory, less returns and allowances	78	$\overline{}$					
<u>=</u>	b	Less cost of goods sold	7t	b					
(==1	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	_					7c	
~	8	Other revenue (describe RECEIVED					ر ب ا	8	2 201
2011	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	- اد				•	9	2,301.
	10	Grants and similar amounts paid (attach schedule) Benefits paid to or for members FEB 1 8 2011	3				}	10	
	11	1 1	6					11	
enses	12						ļ	12	
eus	13	Professional fees and other payments to independent Confactor N. U.T. Occupancy, rent, utilities, and maintenance	1				ļ	13	<u> </u>
Expe	14		لہ					14	
_	15	Printing, publications, postage, and shipping	000				,	15	15 050
	16	Other expenses (describe	SEE	: S'.	TATE	MENT	1)	16	15,858.
	17	Total expenses Add lines 10 through 16					•	17	15,858.
Ø	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				-		18	<13,557.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))						1	50 504
Ϋ́		(must agree with end-of-year figure reported on prior year's return)						19	70,724.
Žet	20	Other changes in net assets or fund balances (attach explanation)	SEE	E S'	I'A'I'E	MENT	3	20	7,096.
	21	Net assets or fund balances at end of year Combine lines 18 through 20				<u> </u>		21	64,263.
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or	more,	file Fo				0-EZ	
		(See the instructions for Part II)]_	(A) I	Beginning of		<u> </u>	(B) End of year
22	Cas	h, savings, and investments				70,	124		67,763.
23	Lan	d and buildings					.	23	•
24	Oth	er assets (describe ▶)				24	
25		al assets				70,	724	- 25	67,763.
26	Tota	al Habilities (describe ► DUE FROM AFFILIATES		_) [0	- 26	3,500.
27		assets or fund balances (line 27 of column (B) must agree with line 21)		[70,	724	. 27	64,263.
932	171	LUA Cor Princey Act and Panerwork Reduction Act Notice con the congrete in		:					Form QQ0-E7 (2000)

NORTH CAROLINA TRUCKING ASSOCIATION

orr	m 990-EZ (2009) FOUNDATION			<u> </u>	18932	10 Page 2
P	art III Statement of Program Service Accomplishmen	its (See the instructions for	Part III)		E	penses
Wh:	at is the organization's primary exempt purpose? SEE STATEMENT	5			1	r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt purp		se manner descri	ihe) organizations and
	scripe what was achieved in carrying out the organization a exempt purpose services provided, the number of persons benefited, and other relevant				for others)	7(a)(1) trusts, optional
	ROAD TEAM PROGRAM; THE FOUNDATION'S		AVELS THE		T Guidas,	
28	STATE TO PROMOTE SAFETY MEASURES AN			<u>'</u>		
		D PROGRAMS WI	THIN THE		1 1	
	TRUCKING INDUSTRY					
	(Grants \$) If this amount includes foreign g				28a	7,660.
29	SAFETY MANAGEMENT COUNCIL RECOGNITION	ON: THE				
	FOUNDATION MADE AN AWARD TO RECOGNI	ZE TRUCKING			1 1	
	SAFETY					
					29a	873.
	(Grants \$) If this amount includes foreign girls SCHOLARSHIP	rants, check here			234	<u> </u>
30		TON CONOT A DON			1	
	: THE FOUNDATION AWARDED AN EDUCAT	ION SCHOLARSH	<u> 1 P</u>			
				_		
	(Grants \$) If this amount includes foreign g	rants, check here	>		30a	3,000.
31	Other program services (attach schedule)		<u> </u>			
•	(Grants \$) If this amount includes foreign g	rants check here	•		31a	
^^		rants, check flore			32	11,533.
<u>32</u>	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key El	mployoos				
P	art ly List of Officers, Directors, Trustees, and Rey E	ITIPIOYEES. List each one ev	ren if not compensated	7		or Part IV)
		(b) Title and average hours	(c) Compensation	1'''	ontributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		employee fit plans &	account and
	(-)	position	-0)		eferred	other allowances
		P • • • • • • • • • • • • • • • • • • •	• • • •	1	pensation	
CI	ROVER EZZELL	CHAIRMAN		<u> </u>	•	
<u> </u>	TOVER EBBEEL	1.00	0.		0.	0.
	TO CUA DUDO	DIRECTOR		 	<u> </u>	· ·
Ьľ	EE SHAFFER		1		^	
		1.00	0.	Ļ	0.	0.
DU	JANE LONG	DIRECTOR				
		1.00	0.	1	0.	0.
BF	RIAN STODDARD	DIRECTOR				
==		1.00	0.		0.	0.
TAT 7	ILLIAM GEORGE	DIRECTOR		<u> </u>		
44 7	EDIAH GEORGE	1.00	٥.	ļ	0.	0.
		L	U •	 	<u> </u>	· · · · · ·
CI	HUCK WILSON	DIRECTOR			_	
		1.00	0.		0.	0.
T	DMMY WEST	DIRECTOR				
		1.00	0.		0.	0.
ΑN	NTHONY CAPPS	DIRECTOR				
		1.00	0.		0.	0.
	BERT GANEY	DIRECTOR	, ·	 		· · · · ·
AI	JDERI GANEI	1			0.	_
_		1.00	0.	1	0.	0.
<u>S(</u>	COTT LASSITER	DIRECTOR		ŀ	_	
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NORTH CAROLINA TRUCKING ASSOCIATION FOUNDATION

Form 990-EZ (2009)

56-1893210

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Pa	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		X				
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes							
35								
	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,		1					
	and proxy tax requirements?	35a		Х				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"							
	complete applicable parts of Sch. N	36		Х				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions							
b	Did the organization file Form 1120-POL for this year?	37b		Х				
	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		Х				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A							
39	Section 501(c)(7) organizations Enter	1		ĺ				
	Initiation fees and capital contributions included on line 9							
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		ĺ				
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		ĺ				
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •			ĺ				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			ĺ				
_	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			ĺ				
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х				
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.			$\overline{}$				
_	or disqualified persons during the year under sections 4912, 4955, and 4958			İ				
đ	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the	1		ĺ				
_	organization • 0 •			İ				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			ĺ				
	transaction? If "Yes," complete Form 8886-T	40e		Х				
41	List the states with which a copy of this return is filed ► NC							
42 a	The organization's books are in care of ► CRYSTAL COLLINS Telephone no ► 919-83	4-0	387					
	Located at ▶ 219 W. MARTIN ST., RALEIGH, NC ZIP+4 ▶ 2	760	2					
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		Yes	No				
	account)?	42b		Х				
	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							
5	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42¢		X				
	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	N/A						
			Yes	No				
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of							
	Form 990-EZ	44		X				
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		X				
		Form C	00 67	ເວດດດ				

NORTH CAROLINA TRUCKING ASSOCIATION

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)

FOUNDATION

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		 organizations and section 4947(a)(1) nonexempt charitable and 51. 	le trusts must answer question	ns 46-49b and con	plete the table	s for line	s 50	
46	Did th	e organization engage in direct or indirect political campaign activitie	es on behalf of or in opposition to c	candidates for public		Y	es No	
		Pif "Yes," complete Schedule C, Part I				46	X	
47	Did th	e organization engage in lobbying activities? If "Yes," complete So	chedule C, Part II			47	Х	
48		organization a school as described in section 170(b)(1)(A)(ii)? If "Y	•			48	X	
		e organization make any transfers to an exempt non-charitable relate	ed organization?		_	49a	X	
þ		;" was the related organization a section 527 organization?			Ĺ	49b		
50		lete this table for the organization's five highest compensated emplo 100,000 of compensation from the organization. If there is none, en		s, trustees and key er	nployees) who ea	ch receiv	ed more	
		(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) E	xpense unt and lowances	
		number of other employees paid over \$100,000 elete this table for the organization's five highest compensated indepe		yed more than \$100	000 of company	too from	tho	
		ization If there is none, enter "None" NONE (a) Name and address of each independent contractor paid mo		(b) Type of ser) Comper		
_								
				-				
						. •		
d	Total	number of other independent contractors each receiving over \$100,0		>				
Sigr Her		Under penalties of penury, I declare that I have examined this return, including correct, and complete. Declaration of preparer (other than officer) is based on a Signature of officer Signature of officer Type or printiname and title	yesideut	nts, and to the best of m	y knowledge and bet	//		
	arer's Only	Preparer's signature Dane B. moller, CPA	1-31-11 em	eck if self- ployed Pres	parer's identifying nu	mber (See	instr)	
USE	July .	Firm's name (or yours it self-employed) address. and ZIP+4 RALEIGH, NC 27619-7806 EIN ► RALEIGH, NC 27619-7806						
May	the IR	S discuss this return with the preparer shown above? See instruction			▶ []	Yes	No	

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

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.

NORTH CAROLINA TRUCKING ASSOCIATION

Inspection

Employer identification number

			FOUNDAT	ION						5€	<u>5-1893210</u>	
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.			
The	organ	ization is not a	private foundation	because it is: (For lines 1	through 1	1, check	only one b	ox.)				
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 organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental uni	describe	ed in	
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6		A federal, sta	te, or local governm	ent or governmental unit	described	l in sectio	n 170(b)(1)(A)(v).				
7	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic described in	
		section 170(b)(1)(A)(vi). (Comple	te Part II.)								
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9		An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contri	outions, m	nembership	p fees, ar	d gross receipts fro	m
		activities relat	ted to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investme	ent
		income and u	inrelated business ta	axable income (less sect	tion 511 tax	x) from bu	sinesses a	cquired b	y the orga	nization a	after June 30, 1975.	
		See section	509(a)(2). (Complete	Part III.)								
10		An organizati	on organized and op	perated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4	I).			
11		•	•	perated exclusively for the		•						
				ations described in section) See sec	tion 509(a	a)(3). Che	ck the box that	
				organization and comple						·	•	
		a Type I		_ ,,	: Тур		•	•			Type III · Other	
е		,		at the organization is not		•	•	-				
			-	han one or more publicly		-				9(a)(1) or s	section 509(a)(2).	
f		•		ten determination from t	the IRS tha	it it is a Ty	pe I, Type	II, or Type	e III		Г	
			rganization, check th		•					•	l	
9	•	_		organization accepted ar			-				Van I	
		*		lirectly controls, either al	one or log	ellier willi	persons o	escribedi	iri (ii) ario (iii) Delow,	Yes N	No.
		-	= -	upported organization? n described in (i) above?							11g(ii)	
		•	•	person described in (i) o		.?					11g(iii)	—
h				about the supported or							··· s (··/)	—
			ono mang uno manan	about the supported of	gamzanom	,σ,.						
/11	Nama	of cupported	(n) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did vou	notify the	(vi) is	the	(vii) Amount of	
(1)		ne of supported (11) EIN organization				sted in your			organizatio	anization in col (VII) Allio organized in the suppo		
	- 3			(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	US	2	.,	
				(see instructions))	Yes	No	Yes	No	Yes	No		
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LHA 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 FOUNDATION 56-18932

[Part 1] 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.)

Sec	ction A. Public Support								
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(ർ) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and				_				
	membership fees received. (Do not								
	include any "unusual grants.")	4,865.	15,206.	223,122.	11,937.	2,165.	257,295.		
2	Tax revenues levied for the organ-								
	ization'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	4,865.	15,206.	223,122.	11,937.	2,165.	257,295.		
	The portion of total contributions		10/2000	220,1221		2/1000	23.72331		
,	by each person (other than a	1							
	governmental unit or publicly			:					
	supported organization) included			1					
	• • • • •	1							
	on line 1 that exceeds 2% of the	I		1					
	amount shown on line 11,	1							
_	column (f)	-					257 205		
	Public support. Subtract line 5 from line 4	I					<u>257,295.</u>		
	ction B. Total Support								
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	4,865.	15,206.	223,122.	11,937.	2,165.	257,295.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	3,757.	2,123.	3,410.	<722.	> 136.	8,704.		
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.)								
11	Total support. Add lines 7 through 10						265,999.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)			
	organization, check this box and stop	here					▶ □		
Sec	ction C. Computation of Publi	ic Support Per	centage						
14	Public support percentage for 2009 (I	ine 6, column (f) dr	vided by line 11, c	olumn (f))		14	96.73 %		
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	96.21 %		
16a	33 1/3% support test - 2009.If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	k and		
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$		
b	33 1/3% support test - 2008. If the o	rganization did not	check a box on li	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check the			
	and stop here. The organization qual						▶ □		
17a	10% -facts-and-circumstances test				13, 16a, or 16b. a	nd line 14 is 10% o	or more.		
-	and if the organization meets the "fac	_							
	meets the "facts-and-circumstances"			-	•	uio organ	▶ []		
ь	10% -facts-and-circumstances test	_	•		_	7a and line 15 is 1	10% or		
	more, and if the organization meets the	-							
	organization meets the "facts-and-circ				•		· •		
10	=		-	•					
10	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

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 bus-		· ·				
iness under section 513			 			
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to				1		
the organization without charge						
6 Total. Add lines 1 through 5			-			
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					<u></u>	
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		<u> </u>				
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		· · · · · ·	Τ	·T·		
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 carned 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)		1		<u> </u>	<u> </u>	L
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						<u> </u>
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2009 (lii	ne 8, column (f) o	divided by line 13,	column (f))		15	· · · · · · · · · · · · · · · · · · ·
16 Public support percentage from 2008					16	
Section D. Computation of Inves		-				·
17 Investment income percentage for 200	09 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2009. If the						17 is not
more than 33 1/3%, check this box an						P L
b 33 1/3% support tests - 2008. If the						and 🛴
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see i	nstructions	

FORM 990-EZ	ОТН	ER EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
INVESTMENT EXPENSES SUPPLIES CONFERENCES, CONVENTIC SAFETY MANAGEMENT COUN SCHOLARSHIP PROFESSIONAL SERVICES	731 1,328 6,426 873 3,000 3,500				
TOTAL TO FORM 990-EZ,	LINE 16		:	15,85	8.
FORM 990-EZ GAIN	LOSS) FROM PUB	LICLY TRADED SE	CURITIES	STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS))
MORGAN STANLEY/SMITH BARNEY #4085	7,246.	7,750.	0.	<50)4.>
TO FORM 990-EZ, LINE 5	7,246.	7,750.	0.	<50)4.> ===
FORM 990-EZ OTHER O	CHANGES IN NET	ASSETS OR FUND	BALANCES	STATEMENT	3
DESCRIPTION				AMOUNT	
UNREALIZED GAIN ON INV	/ESTMENTS		•	7,09	96.
TOTAL TO FORM 990-EZ,	LINE 20			7,09	96.

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS STATEMENT ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	4
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT? [] YES [X] NO	1
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO	1

990-EZ PG 2

STATEMENT

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TO PROMOTE TRUCKING EDUCATION AND SAFETY IN THE STATE OF NORTH CAROLINA