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A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011

Application pending

E Telephone number

F Group Exemption
Number 

H Check  ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one)— ☐ 501(c)(3) ☒ 501(c)(6) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 61,336

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	45,525
	3	Membership dues and assessments			3	4,895
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a		5c	
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	10,916		
	c	Less direct expenses from gaming and fundraising events	6c	9,155		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		6d		
	7a	Gross sales of inventory, less returns and allowances	7a		7c	
b	Less cost of goods sold	7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8	Other revenue (describe in Schedule O)			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	52,181	
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	1,500
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	19,785
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	3,228
	16	Other expenses (describe in Schedule O)			16	27,257
	17	Total expenses. Add lines 10 through 16			17	51,770
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	411
	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)			19	33,728
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20			21	34,139

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☐

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	33,728	22	34,139
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	33,728	25	34,139
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,728	27	34,139

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? EDUCATION ON CONCRETE MAINTENANCE			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	HOLD MEETINGS TO PROMOTE EDUCATION ON IMPROVING THE QUALITY OF REPAIR, RESTORATION, AND PROTECTION OF CONCRETE (Grants \$) If this amount includes foreign grants, check here	28a	
29	MAINTAIN WEBSITE WITH MEMBERSHIP DIRECTORY, ANNOUNCEMENTS, AND TECHNICAL ARTICLES FOR THE CONCRETE TRADE (Grants \$) If this amount includes foreign grants, check here	29a	
30	PUBLISH QUARTERLY NEWSLETTER OF CURRENT ACTIVITIES OF THE CHAPTER AND THE BOARD OF DIRECTORS (Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
Check if the organization used Schedule O to respond to any question in this Part IV				
(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
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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, explain in Schedule O 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	No
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	No
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 tax year covered by this return?	38a	No
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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		
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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ KELLY ANDREWS Telephone no ▶ (919) 870-0315 839 FINNBAR DRIVE Located at ▶ CARY, NC ZIP + 4 ▶ 27519		
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 .	42b	No
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 ▶	42c	No
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	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

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

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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	2012-05-12 Date				
	JOHN MCDOUGALL PRESIDENT Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	RICHARD ZYCZKIEWICZ CPA MBA	Date 2012-05-12	Check if self-employed ☒	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	RICHARD ZYCZKIEWICZ CPA MBA 210 N COLUMBIA ST CHAPEL HILL, NC 27514			EIN	
					Phone no (919) 448-4417	
May the IRS discuss this return with the preparer shown above? See instructions						Yes No

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization INTERNATIONAL CONCRETE REPAIR INSTITUTE CAROLINAS CHAPTER	Employer identification number 56-1856532
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Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING & PROMOTION 3,500 OFFICE 118 TRAVEL 1,059 CONFERENCES & MEETINGS 21,224 AWARDS & CERTIFICATES 456 TELEPHONE 900 TOTAL 27,257

TY 2011 Compensation Explanation

Name: INTERNATIONAL CONCRETE REPAIR
INSTITUTE CAROLINAS CHAPTER

EIN: 56-1856532

Person Name	Explanation
KEITH HARRISON	
JOHN MCDOUGALL	
JEFFREY MOLBY	
DOUG SAUNDERS	
ROBERT MCDOWELL	
BILL FORTUNA	
TARA CAVALLINE	
TED L BARTELT	
PAUL FARRELL	
KENT YARBOROUGH	
HAYES THOMPSON	

Additional Data

Software ID:
Software Version:
EIN: 56-1856532
Name: INTERNATIONAL CONCRETE REPAIR
INSTITUTE CAROLINAS CHAPTER

Form 990-EZ, Special Condition Description:

Special Condition Description

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
KEITH HARRISON 2630 ROWLAND ROAD SUITE 100 CARY,NC 27519	PAST PRESIDE 1 00	0		
JOHN MCDUGALL 1401-A DIGGS DRIVE RALEIGH,NC 27603	PRESIDENT 1 00	0		
JEFFREY MOLBY 4651 CHARLOTTE PARK DRIVE 150 CHARLOTTE,NC 28217	VICE PRESIDE 1 00	0		
DOUG SAUNDERS 4210 PEBBLE STREET CHARLOTTE,NC 28206	SECRETARY 1 00	0		
ROBERT MCDOWELL 1091 BOULDER ROAD GREENSBORO,NC 27409	DIRECTOR 1 00	0		
BILL FORTUNA 201 BYRD STREET SUFFOLK,VA 23434	DIRECTOR 1 00	0		
TARA CAVALLINE 9201 UNIV CITY BLVD SMITH BLDG 245 CHARLOTTE,NC 28223	TREASURER 1 00	0		
TED L BARTELT 4911 GREEN ROAD SUITE 107 RALEIGH,NC 27616	DIRECTOR 1 00	0		
PAUL FARRELL PO BOX 1007 CREEDMOOR,NC 27522	DIRECTOR 1 00	0		
KENT YARBOROUGH 6726 NETHERLANDS DRIVE SUITE 1100 WILMINGTON,NC 28405	DIRECTOR 1 00	0		
HAYES THOMPSON 114 FAIRWOOD AVENUE CHARLOTTE,NC 28203	DIRECTOR 1 00	0		