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## 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

2011

Open to Public  
Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2011 calendar year, or tax year beginning APR 1, 2011 and ending MAR 31, 2012

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

NC ASSOCIATION OF ORTHODONTISTS  
C/O DR. JEFF RICKABAUGH

D Employer identification number

56-0985164

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

1551 WESTBROOK PLAZA DRIVE

Room/suite

103

E Telephone number

336-760-9229

City or town, state or country, and ZIP + 4

WINSTON-SALEM, NC 27103

F Group Exemption

Number ►

G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ► WWW.NCAO.ORG

J Tax-exempt status (check only one) —  501(c)(3)  501(c)(6) ◀ (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF)K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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. ► \$ 42,605.

## 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 

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	22,580.
3 Membership dues and assessments	3	19,641.
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
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)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	of contributions
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c	
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	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	384.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	42,605.
10 Grants and similar amounts paid (list in Schedule O)	10	3,000.
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	925.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	749.
16 Other expenses (describe in Schedule O)	16	24,466.
17 Total expenses. Add lines 10 through 16	17	29,140.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,465.
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	51,984.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	65,449.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

**Part II: Balance Sheets.** (see the instructions for Part II.)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	51,984.	22 65,449.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	51,984.	25 65,449.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,984.	27 65,449.

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

Check if the organization used Schedule O to respond to any question in this Form.

What is the organization's primary exempt purpose? SEE SCHEDULE O

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 PROVIDED EDUCATIONAL PROGRAMS FOR ORTHODONTISTS AND  
EDUCATIONAL MATERIALS TO CONSUMERS.

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
4947(a)(1) trusts, optional  
for others )

(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	20,134.
29				
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
30				
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)			
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)		► 32	20,134.

**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.

## NC ASSOCIATION OF ORTHODONTISTS

Form 990-EZ (2011) C/O DR. JEFF RICKABAUGH

56-0985164

Page 3

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

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 Yes  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) 33   
34

35a 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

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  N/A

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

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 instructions ► 37a 0.

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 tax year covered by this return? 38a

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

39 Section 501(c)(7) organizations Enter 39a  N/A  
39b  N/A

a Initiation fees and capital contributions included on line 9 39a  N/A

b Gross receipts, included on line 9, for public use of club facilities 39b  N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A 40b  N/A

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 40c  N/A

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 40d  N/A

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

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  X

41 List the states with which a copy of this return is filed ► NONE42a The organization's books are in care of ► DR. JEFF RICKABAUGH Telephone no ► 336-760-9229  
Located at ► 1551 WESTBROOK PLAZA DRIVE, SUITE 103, WINSTON-S ZIP + 4 ► 27103

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 ► 42b 

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 ► 42c 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 N/A

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

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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 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
33	<input checked="" type="checkbox"/>	X
34	<input checked="" type="checkbox"/>	X
35a	<input checked="" type="checkbox"/>	
35b	N/A	
35c	<input checked="" type="checkbox"/>	
36	<input checked="" type="checkbox"/>	
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
38b	N/A	
39a	N/A	
39b	N/A	
40b	N/A	
40c	N/A	
40d	N/A	
40e	N/A	X
42b	<input checked="" type="checkbox"/>	
42c	<input checked="" type="checkbox"/>	
43		
44a	<input checked="" type="checkbox"/>	
44b	<input checked="" type="checkbox"/>	
44c	<input checked="" type="checkbox"/>	
44d		
45a	<input checked="" type="checkbox"/>	
45b		

## NC ASSOCIATION OF ORTHODONTISTS

Form 990-EZ (2011)

C/O DR. JEFF RICKABAUGH

56-0985164

Page 4

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

	Yes	No
46		X

**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, and complete the tables for lines 50 and 51. 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 Sch C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
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 N/A	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

1 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" N/A

(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 ►

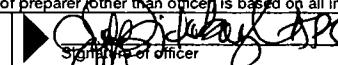
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

►  Yes  No

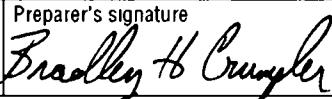
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

►   
Signature of officer

►   
Jeff RICKABAUGH SEPT/13/EAS  
Type or print name and title

10/17/12  
Date

Paid Preparer Use Only	Print/Type preparer's name BRADLEY H. CRUMPLER	Preparer's signature 	Date 10/17/12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00046755
	Firm's name ► CHERRY, BEKAERT & HOLLAND, L.L.P.			Firm's EIN ► 56-0574444	
	Firm's address ► P.O. BOX 1368 ASHEBORO, NC 27204-1368			Phone no (336) 625-6147	

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

►  Yes  No

Form 990-EZ (2011)

**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 990-EZ 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	NC ASSOCIATION OF ORTHODONTISTS C/O DR. JEFF RICKABAUGH	Employer identification number 56-0985164
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**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

<b>DESCRIPTION OF OTHER REVENUE:</b>	<b>AMOUNT:</b>
INTEREST EARNED	384.

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:****ACTIVITY CLASSIFICATION: CHARITABLE****GRANTEE NAME: NC DENTAL SOCIETY****GRANTEE ADDRESS: 1600 EVANS ROAD CARY, NC 27513****GRANTEE RELATIONSHIP: NA****PROPERTY DESCRIPTION: CASH****DATE OF GIFT: 02/12/12**

<b>AMOUNT GIVEN:</b>	<b>2,000.</b>
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**ACTIVITY CLASSIFICATION: CHARITABLE****GRANTEE NAME: AMERICAN ASSOCIATION OF ORTHODONTIST FOUNDATION****GRANTEE ADDRESS: 401 N. LINDBERGH BLVD ST. LOUIS, MO 63141-7816****GRANTEE RELATIONSHIP: NA****PROPERTY DESCRIPTION: CASH****DATE OF GIFT: 11/17/11**

<b>AMOUNT GIVEN:</b>	<b>1,000.</b>
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<b>TOTAL INCLUDED ON FORM 990-EZ, LINE 10</b>	<b>3,000.</b>
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**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

<b>DESCRIPTION OF OTHER EXPENSES:</b>	<b>AMOUNT:</b>
BOARD MEETING EXPENSES/MEALS	2,377.

**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 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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<u>MISC. MEETING SUPPLIES</u>	<u>637.</u>
<u>CONFERENCES AND MEETING EXPENSES</u>	<u>20,134.</u>
<u>WEBSITE HOSTING &amp; FEES</u>	<u>1,318.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>24,466.</u>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO EDUCATE, INFORM AND  
PROVIDE LEADERSHIP FOR MEMBERS AND TO PROMOTE THE DELIVERY OF QUALITY  
ORTHODONTIC TREATMENT TO THE RESIDENTS OF NC.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

## **Application for Extension of Time To File an Exempt Organization Return**

► 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*

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**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.*

Enter filer's identifying number, see instructions

<b>Type or print</b>	Name of exempt organization or other filer, see instructions <b>NC ASSOCIATION OF ORTHODONTISTS C/O DR. JEFF RICKABAUGH</b>	Employer identification number (EIN) or <input type="checkbox"/> <b>56-0985164</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1551 WESTBROOK PLAZA DRIVE, SUITE 103</b>	Social security number (SSN) <input type="checkbox"/>
<b>File by the due date for filing your return. See instructions</b>	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WINSTON-SALEM, NC 27103</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► DR JEFF RICKABAUGH

Telephone No ► 336-760-9229

FAX No. ► 336-760-2263

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
►  calendar year 20            or

►  tax year beginning APRIL 01, 20 11, and ending MARCH 31

<input type="checkbox"/> Change in accounting period		
<b>3a</b>	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>b</b>	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$
<b>c</b>	<b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ N/A

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

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

Cat. No. 37916D

Form 8868 (Rev. 1-2012)