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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 2012

Open to Public Inspection

<u>A</u> _	For the	2012 calendar year, or tax year beginning and ending								
В	Check if appl	cable C Name of organization North Carolina Association of		D Employ	yer identification number					
	Address cha	nge Realtors Inc								
$\overline{\Box}$	Name chang	Doing Business As		56-	0488849					
\equiv		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number					
Ш	Initial return	4511 Weybridge Lane		336	5-294-1415					
	Terminated	City, town or post office, state, and ZIP code								
$\overline{\Box}$	Amended ret	um Greensboro NC 27407		G Gross rece	eipts\$ 6,582,258					
금		F Name and address of principal officer		G Gloss leck	CIPCS					
	Application p	Andrea L Bushnell	H(a) Is this a g	roup return for	affiliates? Yes X No					
		4511 Weybridge Lane	H(b) Are all at	Kilistee include	od? Yes No					
			1		(see instructions)					
		Greensboro NC 27407	─ │ " "	o, allacira iist	(Jaco manuciona)					
<u> </u>	Tax-exemp									
<u>J</u>	Website:		H(c) Group e							
K	Form of orga	anization X Corporation Trust Association Other ▶	L Year of formation $oldsymbol{1}$.935	M State of legal domicile NC					
F	art I	Summary								
	1 Br	efly describe the organization's mission or most significant activities								
a		To promote the common interest of practicing REALTOR	S in the St	ate of						
5		North Carolina by providing services and resources t	aid in th	eir						
Ë		success.								
<u> </u>	2 Ch	neck this box I if the organization discontinued its operations or disposed of more that	25% of its net as	sets						
٦ۣ؈	2 84	imber of voting members of the governing body (Part VI, line 1a)	1 20 70 01 110 1101 40	3	153					
ີ≪ວ ≔ໄທ	4 1	imber of independent voting members of the governing body (Part VI, line 1b)		4	153					
<u>≕</u> ≘	5 T-			5	26					
Activities & Governance	5 10	tal number of individuals employed in calendar year 2012 (Part V, line 2a)								
ĀĀ	6 10	tal number of volunteers (estimate if necessary)		6	148					
	1	tal unrelated business revenue from Part VIII, column (C), line 12		7a	213,431					
7	b Ne	et unrelated business taxable income from Form 990-T, line 34		7b	-15,366					
Ž			Prior Ye		Current Year					
Revenue	I .	ontributions and grants (Part VIII, line 1h)		6,000	26,000					
و ا	3	ogram service revenue (Part VIII, line 2g)		8,428	4,734,867					
₩	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,983	201,055					
- 62.	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,066	78,473					
	12 To	tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,08	0,477	5,040,395					
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines [-3] RECEIVED	1	0,050	70,150					
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)	8 <u>1</u>	0	0					
s	15 Sa	tlaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2013		1,028	1,727,225					
ıse	16a Pr	ofessional fundraising fees (Part IX, column (A), lines 5-10) 2013	Ø)	0	0					
xpenses	b To	tal fundraising expenses (Part IX, column (D), line 25)	191							
ŭ		her expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	- 3,13	9,714	2,486,630					
		ital expenses Add lines 13–17 (must equal Part IX, column(A), line 25)		0,792	4,284,005					
	1			9,685	756,390					
- 8		evenue less expenses Subtract line 18 from line 12	Beginning of Cu		End of Year					
Net Assets or	20 To	etal assets (Part X, line 16)		1,233	9,333,260					
ASS(21 To	etal liabilities (Part X, line 26)		2,196	700,530					
Ę	21 10	et assets or fund balances. Subtract line 21 from line 20	_	9,037	8,632,730					
			1,13	9,031	0,032,730					
	Part II	Signature Block								
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules and stall, and complete Declaration of pregarer (other than officer) is based on all information of which prepa		•	owledge and belief, it is					
	10, 00, 100,		or mas any mismoss	 	2/10					
٠.		Under Dulhell		10/1	<i>5 15</i>					
Sig	_	Signature of officer		Date						
He	re		cutive Vic	ce Pre	esident					
		Type or print name and title								
_		Print/Type preparer's name Preparer's signature	Date	Check	If PTIN					
Paid Janice E Steede, CPA Janice E Steede, CPA 06/25/13 self-employed P00005661										
Pre	eparer ,	Robertson Neal & Company, LLP	F	irm's EIN	56-1393362					
Us	e Only	PO Box 1269								
	١,	Firm's address High Point, NC 27261-1269		Phone no	336-841-2198					
Ma		discuss this return with the preparer shown above? (see instructions)			X Yes No					
_		rk Reduction Act Notice, see the separate instructions.			Form 990 (2012)					
DAA			$\sim \sim \sim 1$		rom 330 (2012).					

Form 990 (2012)	North Carolina A	ssociation of 56-	- <u>0488849</u>	Page 2
	tatement of Program Ser	•		
		s a response to any question in this P	art III	
	ribe the organization's mission	nterest of practicing R	FALTOPS in the Sta	te of
North C	arolina by provid	ding services and resou	rces to aid in the	ir
success		aring bervices and resou	rees to are in the	
5400055	•			
2 Did the orga	anization undertake any significan	t program services during the year which were	not listed on the	
prior Form 9	990 or 990-EZ?			Yes X No
•	scribe these new services on Scho			
_	anization cease conducting, or ma	ke significant changes in how it conducts, any	program	
services?				Yes X No
· ·	scribe these changes on Schedule		h	
		accomplishments for each of its three largest pr		
-	penses, and revenue, if any, for ea	ganizations are required to report the amount o	r grants and anocations to others,	
the total exp	senses, and revende, if any, for ea	acii program scrvice reported		
4a (Code) (Expenses \$ 4,2	284,005 including grants of \$	70,150) (Revenue \$)
		s interests of over 30,		·
practic	ing REALTOR member	ers in the State of Nor	th Carolina	
		oting the right to own,		
		maintaining a leadershi		
		cal and regulatory proc		
		ng the highest ethical		
		g the best education, p	roducts and	
service	s; promoting hou	sing affordability.		
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
•	,, ,		, ,	,
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
40 (0000) (Expenses +	molading grante of \$, (,
44.6"		I- 0.)		
4d Other progra (Expenses	am services (Describe in Schedu	le O) luding grants of \$	(Revenue \$	Y
	ram service expenses	4,284,005	lizeActing A	
DAA	variation of p		· · · · · · · · · · · · · · · · · · ·	Form 990 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			x
2	complete Schedule A	2	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а		١ ا		
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445	v	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	440		х
ч	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a		<u> </u>		
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			4,5
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا ؞ ا		v
00	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u> </u>
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	- 000	

Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002° If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b C Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection	Yes No X X X
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on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization 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 25b 25c 25d 27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Did the organization apparty to a business transaction with one of the following parties (see Schedule L, Part III 28 Was the organization ap party to a business transaction with one of the fo	х
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employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization 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 26b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	
	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	
Schedule L, Part IV	x
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	x
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	
conservation contributions? If "Yes," complete Schedule M	x
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	
Part I	x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	
complete Schedule N, Part II	x
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	x
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	
or IV, and Part V, line 1	x
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	x
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

related organization? If "Yes," complete Schedule R, Part V, line 2

19? Note. All Form 990 filers are required to complete Schedule O

Form **990** (2012)

35b X

36

36

38

Pa	rt V Statements Regarding Other IRS Fillings and Tax Compilance			
	Check if Schedule O contains a response to any question in this Part V		V	
4-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 30 1b 0	\dashv \mid		ĺ
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		İ
С	reportable gaming (gambling) winnings to prize winners?	1c	l	İ
2-		"		·
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 26			ĺ
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 26 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	İ
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1-5		
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	ĺ
3a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	x	
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	"		·
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	4a		x
h	If "Yes," enter the name of the foreign country			
U	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6ь		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		ĺ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		<u> </u>
10	Section 501(c)(7) organizations. Enter			İ
а	Initiation fees and capital contributions included on Part VIII, line 12	 		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	 		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	_	, ,	ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		, ,	ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		,	
b	Enter the amount of reserves the organization is required to maintain by the states in which		.	ĺ
	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			7.5
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

56-0488849 Form 990 (2012) North Carolina Association of Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 153 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 153 1b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 4511 Weybridge Lane organization > Bryan M. Jenkins NC 27407 336-294-1415 Greensboro

DAA

Form 990 (201	2) North Carolina Association of	56-0488849	Page
Part VII	Compensation of Officers, Directors, Trustees, Key	y Employees, Highest Compensated	Employees, and
	Independent Contractors		_
	Check if Schedule O contains a response to any ques	tion in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Co.	mpensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee (A) Name and Title Average Position Reportable Reportable Estimated compensation from (do not check more than one amount of hours per compensation week box, unless person is both an from related other officer and a director/trustee) the organizations compensation (list any organization (W-2/1099-MISC) from the hours for related ndıvıdual trustee (W-2/1099-MISC) organization istitutional trustee employee and related organizations below dotted organizations line) (1) Regis J Alexoudis 2.00 Director 0.00 X 0 0 (2) Donna G Anderson 2.00 0.00 X 0 0 Director 0 (3) Stacey P Anfindsen 2.00 X 0 Director 0.00 0 0 (4) Angie M Baker 2.00 0.00 X 0 0 Director (5) Patricia A Ballard 2.00 Director 0.00 X 0 0 0 (6) Aric B Beals 2.00 0.00 X 0 Director 0 (7) Royce R Bennett 2.00 0.00 X 0 0 Director (8) Margaret R Bishop 2.00 Director 0.00 X 0 0 0 (9) Howard Bissell III 2.00 0.00 X 0 0 Director (10) Kirk H Booth 2.00 0 0 0.00 X Director (11) Maren L Brisson 2.00 0.00 0 0 Director

Form 990 (2012)

Name and title	Average hours per week (list any hours for	bo	x, unle icer a	Pos check ass pe nd a d	rson ı	than o s both r/truste	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1. 2.1000 11100)		organiza and rela organiza	ition ited		
(12)Adam Brown														
Director	2.00 0.00	x	}					o	o				0	
(13) Edward K Brown	0.00	Î	 		-				<u> </u>					
(,	2.00									ļ				
Director	0.00	X		_				0	0	ļ			0	
(14) Lee Ann Brown	2.00													
Director	0.50	x						o	o				0	
(15)Michael K Brown	0.30	-		<u> </u>	· · · · ·							_	<u> </u>	
, ,	2.00													
Director	0.00	X						0	0	ļ			0	
(16) Melvin C Butler	2 00				l									
Director	2.00 0.00	x						o	o		0			
(17) Billy N Case	0.00	 ^							•					
• •	2.00													
Director	0.00	X						0	0	<u> </u>			0	
(18) Peter T Chenery	2.00													
Director	0.00	x						0	o				0	
(19) Lana S Cieszko												<u> </u>		
, ,	2.00													
Director	0.00	X]	L	L			0	0				0	
1b Sub-total c Total from continuation she	ete to Dort VIII (4						504,609		├──				
d Total from continuation she	ets to Part VII, s	Seci	1011 7	•			•	504,609		 	55,430 55,430			
2 Total number of individuals (in	cluding but not l	ımıte	d to	thos	e lis	ted a	bov							
reportable compensation from	the organization	<u> </u>	2								ı	Yes	No	
3 Did the organization list any fo	rmer officer, dir	ecto	r, or	trust	ee, l	кеу е	mpi	oyee, or highest compensa	ited					
employee on line 1a? If "Yes,"									for a disc		3		<u>X</u>	
4 For any individual listed on line organization and related organ														
ındıvıdual	_							•			4	X		
5 Did any person listed on line 1 for services rendered to the or									ndividual		5	İ	x	
Section B. Independent Contractor		00,	00	рю			.0 0	TOT GOOT POTOON						
1 Complete this table for your five														
compensation from the organi	(A) business address	omp	ensa	tion	tor t	ne ca	lend		in the organization's tax you (B) toon of services	<u>ear</u>	Т_	(C)		
Campaign Connections					314	1 .	Oh	n Humphries Wyne				npensati	<u>n</u>	
Raleigh		: 2	76					ssue advocacy				291	,563	
Martin & Gifford, PI						. N	Ma	in Street, Suite						
Winston Salem	NC	: 2	71	01			I	Legal consult			ļ-·	154	<u>,250</u>	
							\vdash		· · · · · · · · · · · · · · · · · · ·		+			
							<u></u>				┼			
2 Total number of independent of received more than \$100,000								se listed above) who	2					
DAA	• • • • • • • • • • • • • • • • • • • •										Forr	990	(2012)	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

DAA

Part VII Section A. Offi	icers, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, aı	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	x, uni	Pos check ess pe	erson i	than o s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted	or director	_		Key employee	Highest compensated employee	Former	organization , (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	line)	trustee	il trustee		yee	npensated				
(12)Theresa T Cla	rk 2.00									
Director	0.00	X		<u> </u>				0	0	
(43) Kathleen M Cl	2.00									
Director	0.00	X		-	<u> </u>	<u> </u>		0	0	
(44)Kelly K Cobb	2.00									
Director	0.00	X	├	+	_	 		0	0	
(45) Alison E Comb							1			
	2.00							_	_	
Director	0.00	X	 	╀	1	1	 	0	0	
(46) Cirila M Coth	i .							İ		
	2.00					1		_	_	
Director	0.00	X			ļ	<u> </u>	<u> </u>	0	0	
(47) Leonard H Cra	I									
_	2.00							_	_	
Director	0.00	X	_	ــــ	1-	<u> </u>	_	0	0	
(48)Michael R Dav										
	2.00								_	
Director	0.50	X	<u> </u>	1_	ļ	<u> </u>		0	0	<u> </u>
(49) Carol B Davis										
	2.00									
Director	0.00	X				<u> </u>		0	0	
1b Sub-total										
c Total from continuation	sheets to Part VII,	Sect	ion	Α						ļ
d Total (add lines 1b and							<u> </u>			<u></u>
2 Total number of individual reportable compensation			ed to	thos	se lis	ted a	bov	e) who received more than	\$100,000 in	
				· truo	too	kov c	mal	ovec or highest company	atod.	Yes
3 Did the organization list a employee on line 1a? If "								oyee, or highest compensa	aled	3
4 For any individual listed of	on line 1a, is the sum	of re	epor	table	com	pen	satio	n and other compensation	from the	
organization and related	organizations greate	r tha	n \$1	50,00	00? I	f "Ye	s," c	complete Schedule J for su	ch	
ındıvıdual					4				a vandu uudu val	4
5 Did any person listed on for services rendered to t								y unrelated organization o	rindividuai	5
Section B. Independent Cont		103,	COI	ipici	C 00	neac	10.0	Tor Sucir person		
		ens	ated	ınde	nenc	lent (conti	ractors that received more	than \$100 000 of	
compensation from the o	rganization Report	omp	ens	ation	for t	he ca	alend	dar year ending with or with	nin the organization's tax ye	ear
Na	(A) me and business address							Descri	(B) ton of services	(C) Compensat
	-								<u> </u>	
										;
										İ
				-					···	
2 Total number of indepen	dent contractors (inc	udin	a hu	t not	lımıt	ed to	the	se listed above) who		
received more than \$100								notes abore, mile	_	
DAA										Form 99 (

Dort VIII Costion A Officer								nd Highest Componented					ige u
` (A)	(B)	Istee	:S, N	(C)	oyee	:S, a	nd Highest Compensated (D)	(E)		(F)		
Name and title	Average hours per week (list any hours for	of	x, unl ficer a	check ess pe	erson	than o	ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	c	Estimate amount other compensa from the	of ition	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W. 2.1833 MIGG)		organizat and relat organizati	ed	
26 (42)Steina L De And:	rade	 											
Director	2.00	x						o	o				0
29 (43)Donna D Delong		 				<u> </u>	 						
Dimarkan	2.00								0				0
Director 30 (44)David M Desilva	0.00	X	 			+		0	0				
	2.00		ļ			1							
Director	0.00	X			1	-	 	0	0				0
31 (45)Lari Dirkmaat	2.00												
Director	0.00	x			i			0	0				0
32 (46) Harriette H Dog	7												
Director	0.00	x						o	o				0
33 (47) John W Dowdy			╁╴										
	2.00												^
Director 34(18)Steven R Dozier	0.00	X	 		$\frac{1}{1}$	+		0	0				0
9+(+0) poeten 1: poete	2.00												
Director	0.00	X	-	ļ	ļ		-	0	0				0
35(49)Byron G East	2.00												
Director	0.00	x						0	0				0
1b Sub-total							•						
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion .	A									
Total number of individuals (ir reportable compensation from			ed to	thos	se lis	ted a	abov	e) who received more than	\$100,000 in				
3 Did the organization list any fo								loyee, or highest compensa	ited			Yes	No
employee on line 1a? If "Yes," For any individual listed on lin organization and related organ	e 1a, is the sum	of re	eport	able	con	npen	satio				3		
ındıvıdual	_							•			4		
5 Did any person listed on line 1 for services rendered to the or	rganization? If "`										5		
Section B. Independent Contractor 1 Complete this table for your fi		ensa	ated	ınde	nenc	lent	conti	ractors that received more	than \$100 000 of				
compensation from the organ	zation Report of							dar year ending with or with	in the organization's tax ye	ar		(C)	
Name and	(A) I business address			<u>-</u> .			1	Descrip	(B) tion of services		Com	(C) pensation	on
				-									
2 Total number of independent								se listed above) who				, .	
received more than \$100,000									<u> </u>			990	

	Part VII Section A. Officers	, Directors, Tru	istee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
•	Name and title	(B) Average hours per week (list any	bo	x, unic	Pos check ess pe	erson i	than d s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	'	(F) Estima amoun othe compens	ted t of r ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from t organiza and rela organiza	ation ated	
	(42)Cynthia M Edward	2.00										-		_
	Director (4 3) Cynthia Ehrman	0.00	X				1		0	0				0
	Director	2.00	x						0	0				0
	(14) Timothy Ertzberg		1	 			T	<u> </u>		·				
<i></i>	·	2.00												
	Director	0.00	X						. 0	0	<u> </u>			0
39	(46)Kristina H Farre													
	Director	2.00	x						0	o	i 			0
	(46)Willard B Fishbu		1	 			 		0	0				
70	(10)	2.00												
	Director	0.00	x						0	0	<u></u>			0
41	(47)Margaret G Fishe													
	Dimeste	2.00	.						0	0				0
	Director (48) Asa M Fleming	0.00	X		\vdash			\vdash	U	U				
42	(40)1150 11 1 101119	2.00												
	Director	0.00	x				ļ		0	0	L			0
43	(40)Robert L Fowler													
		2.00												_
	Director 1b Sub-total	0.00	X	<u> </u>	L	L	L	<u> </u>	0	0				0
	c Total from continuation she	ets to Part VII.	Secti	ion A	4									
	d Total (add lines 1b and 1c)							•						
	Total number of individuals (in reportable compensation from			d to	thos	e lis	ted a	bove	e) who received more than	\$100,000 in		Ī	Yes	No
	3 Did the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensa	ited		3	163	110
	4 For any individual listed on line organization and related organ individual											4		
	5 Did any person listed on line 1 for services rendered to the or									ındıvıdual		5		
	Section B. Independent Contracto	rs												
	Complete this table for your five compensation from the organical compensation.													
		(A) business address	omp	51136	шоп	101 (ile Ca	T		(B) tion of services	<u>a</u>	0-	(C)	
	ivame and	business address							Descrip	tion of services			mpensau	on
									<u> </u>					
					·									·
		·						-	**					
								-						
	7 Tatal number of indoors date.			. la 4	201	luma d	ad 4.:	46 -	and leatent above) when					
	2 Total number of independent of received more than \$100,000								se iisted above) who					

Part VII	Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
•	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson ı	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from tr organiza and rela organizat	ition ited	
44 (12) Jenn	ifer L Front			<u> </u>									-	
Directo	r	2.00	x						0	o				0
	ey B Garner													
		2.00	,,		}									^
Directo	e E Gates	0.00	X	<u> </u>	<u> </u>	\vdash	├		0	0		_		0
76 (44) 22 00	C 1 0400D	2.00		ļ										
Directo		0.00	X	<u> </u>		<u> </u>			0	0				0
41 (16) Mars	hall L Gay	2.00												
Directo	r	0.00	$ \mathbf{x} $					İ	l o	0				0
	as A Gongawa													
		2.00												_
Directo	r la P Gordon	0.00	X	├—	ļ	├			0	0				0
47 (47) F allie	Ia P GOIGON	2.00												
Directo		0.00	x						0	0				0
50 (48) Kath	erine Greene					ŀ								
Directo	r	0.00	x			ŀ			0	o				0
	s E Grubbs	0.00	<u> </u>						<u> </u>					
		2.00												_
Directo		0.00	X	,		<u> </u>		Ļ	0	0				0
1b Sub-to	อเลเ from continuation she	ets to Part VII.	Sect	ion /	A			-						
d Total	(add lines 1b and 1c)							<u></u>						
	number of individuals (in able compensation from			ed to	thos	se lis	ted a	bov	e) who received more than	\$100,000 in				
	<u> </u>											\Box	Yes	No
	e organization list any fo yee on line 1a? If "Yes,"								oyee, or highest compensa	ated		3		
4 For an	y individual listed on line	e 1a, is the sum	of re	port	able	com	pens	satio	n and other compensation		ļ			
organi individ		nizations greate	r thar	า \$1	50,00)07 I	f "Ye	s," c	complete Schedule J for su	ch		4		
5 Did ar	y person listed on line 1								y unrelated organization oi	ndıvıdual				
	vices rendered to the or ndependent Contractor		Yes,"	com	plet	e Sc	hedu	le J	for such person			5		
			ensa	ated	ınde	penc	lent o	contr	ractors that received more	than \$100,000 of				
compe			omp	ensa	tion	for t	he ca	alend T		nin the organization's tax ye	ar		(C)	
	Name and	(A) business address						 	Descrip	(B) tion of services		Cor	(C) mpensat	ion
<u>.</u>		-												
												<u> </u>		
		<u>-</u>						\vdash						
										,				
	-													
2 Total	number of independent	contractors (incl	udin	a hui	not	limit	ed to	the	se listed above) who			\vdash		
	number of independent of the control								SE IISIGU ADOVE) WIIO					

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(vv-2/1099-MISC)	from the organization and related organizations
52 (12) Jennifer K Guyer	Stenne	*								
D-1	2.00	,			ļ	İ	Ì			•
Director 53 (43) Judy Hardy	0.00	X		┢	├	\vdash	┢	0	0	0
or (no) o day indray	2.00									
Director	0.00	x						0	0	0
54(14)Jason Harrell										_
_ • ·	2.00						1			
Director 65(48)Wendy Harris	0.00	X	_	┝╌	 	├	-	0	0	0
55 (16) Welldy Hallis	2.00		Ì			ļ	ļ			
Director	0.00	x			ĺ	İ		0	ol	0
66 (48) Joy M Harsen						Ì				
	2.00					1	İ	_		
Director	0.00	X			<u> </u>	┡	ļ —	0	0	0
57(47) Amy L Hedgecock	2.00					ļ				
Director	0.00	x				1		0	o	0
68 (48) Anthony S Hensle				m	İ					
_	2.00									
Director	0.00	X	_	ļ	ļ	_		0	0	0
59(49)Vonda M Higgs	2.00				ĺ	İ	ĺ			
Director	0.00	$ \mathbf{x} $						o	ol	0
1b Sub-total				<u> </u>				<u>_</u>		<u>_</u>
c Total from continuation shee	ets to Part VII,	Secti	ion /	4			>			
d Total (add lines 1b and 1c)							>		<u> </u>	
2 Total number of individuals (in reportable compensation from	cluding but not l	lımıte	d to	thos	e lis	ted a	abov	e) who received more than	\$100,000 in	
	the organization						-		-	Yes No
3 Did the organization list any fo								oyee, or highest compensa	ited	3
employee on line 1a? If "Yes," 4 For any individual listed on line								n and other compensation	from the	3
organization and related organ										
individual 5 Did any person listed on line 1	a receive or acc	THE (nmı	nene	ation	ı fror	n an	v unrelated organization or	undividual	4
for services rendered to the or										5
Section B. Independent Contracto										-
 Complete this table for your five compensation from the organization. 										ar
	(A) business address	<u> Cinp</u>	51100		101 (10 00	T		(B) tion of services	(C) Compensation
Name and	Dusiness address						 		UOII OI SELVICES	Compensation
							Ì			
							1			
							 			
										
							<u> </u>			
2 Total number of independent of								se listed above) who		

Part VII Section A. Officers	, Directors, Tru	istee	s, K	ey 🗠	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)	
• (A) • Name and title •	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson	then o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(0 (12) Grayson Hodge	0.00									
Director	2.00	x						0	o	
61 (13) Ann S Holtzmulle										
Di ma atau	2.00									
Director 62(14)Lynda Hysong	0.00	X		\vdash		-		0	0	<u> </u>
VZ(14)=1:1-1-1	2.00									
Director	0.00	x						0	0	
63(46)Morty Jayson	2.00									
Director	0.00	x						0	o	
64(16)Stephen L Jones		1==			l			<u> </u>		
	2.00							_		
Director (47) Lamar Kellar	0.00	X						0	0	
(A) Damai Kellai	2.00									
Director	0.00	x						0	0	
66 (18) Ted E Kelly										
Director	2.00	x						o	o	
67(49)Dawn S Kilby	0.00	-						· ·		
Director	2.00	x						o	o	
1b Sub-total	0.00	14	l	L	L	<u> </u>				
c Total from continuation she	ets to Part VII,	Secti	ion /	4			>			
d Total (add lines 1b and 1c) Total number of individuals (in			d to	thos	e lıs	ted a	bov	I e) who received more than	\$100,000 in	
reportable compensation from	the organization	n ▶								Yes N
3 Did the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensa	ited	3
4 For any individual listed on line organization and related organ	e 1a, is the sum	of re	port	able	com	pens	atio			
individual	nzations greater	uiai	ТФТС	,0,00	,,,,	1 16	з, с	omplete ochedule 5 for su	CII	4
5 Did any person listed on line 1 for services rendered to the or									ındıvıdual	5
Section B. Independent Contractor		<i>C</i> 3,	COII	pict		iicaa	10 0	tor such person		
Complete this table for your five compensation from the organic										ear
	(A) business address								(B) tion of services	(C) Compensation
- , 										-
										
							_			
							<u> </u>			
							<u></u>			
2 Total number of independent of received more than \$100,000								se listed above) who		200

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)		
· (A) Name and title	(B) Average hours per week (list eny	bo	x, unle	Pos check ess pe	rson i	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
48 (12) Dolores S Knudse											
	2.00										
Dierctor (4)Linda B Kolarov	0.00	X						0	0		
H(13) LINUA B ROTATOV	2.00										
Director	0.00	x						o	0		
70 (14) Susan B Lacy											
-	2.00	1									
Director	0.00	X	_					0	0		
71 (35)Cindy Laton											
Director	2.00	x				l		o	o		
12 (16) Thomas R Lawing	Jr	┼^	├	╁	 	<u> </u>			<u> </u>		
// D) I Homas R Lawing	2.00										
Director	0.00 x 0 0										
73(47) Mark W Ledbetter	er										
	2.00										
Director	0.00	X	-			<u> </u>		0	0		
74 (48) Lois B Leonard	2.00										
Director	0.00	$ \mathbf{x} $						0	o		
75 (18)T A Lindsey	1	† 									
-	2.00	ŀ									
Director	0.00	X	l	Ł	l	<u> </u>	L	0	0		
1b Sub-total			_	_							
c Total from continuation she	ets to Part VII,	Sect	ion /	4							
d Total (add lines 1b and 1c) 2 Total number of individuals (in	icludina but not	lımıte	ed to	thos	e lis	ted a	bov	le) who received more than	\$100.000 in		
reportable compensation from	-										
3 Did the organization list any fo							1		aland.	Yes No	
3 Did the organization list any for employee on line 1a? If "Yes,"								oyee, or nighest compensa	iteu	3	
4 For any individual listed on line											
organization and related orgar individual	nizations greatei	r thar	n \$15	50,00)07 I	f "Ye	s," c	omplete Schedule J for su	ch	4	
5 Did any person listed on line 1			•					, .	ındıvıdual		
for services rendered to the or		∕es,"	com	plete	e Sc	hedu	le J	for such person	-	5	
Section B. Independent Contractor 1 Complete this table for your five			tod .	ndo	2000	lost é	2001	cotors that recovered more	than \$100,000 of		
compensation from the organi										ear	
Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation	
-							Γ				
							<u> </u>		· · · · · · · · · · · · · · · · · · ·		
							╁				
							<u> </u>				
					· · · · · · ·		<u></u>				
2 Total number of independent of received more than \$100,000								se listed above) who			

Part VII Section A. Officers								nd Highest Compensated		Page c
' (A) Name and title	(B) Average hours per week (list any hours for	(d bo	o not o x, unlo	Pos check ess pe	C) sition more erson i	than c is both or/trust	one an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	organization and related organizations
74 (42) Eric J Locher Director	2.00	x						0	0	0
77(12)Stephen P Long								_		<u></u>
Director	2.00	x						o	o	o
78(14) Todd D Long			_		Г		<u> </u>			
Di wa shaw	2.00	.							0	
Director 19(45)N Vernon Luffman	0.00	X	-		-	\vdash	 	0	0	0
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00				l					
Director	0.00	X			_			0	0	0
go(40)Bram Luknight	2.00				ł					
Director	0.00	x			ł			0	0	0
g ₁ (47) Lolita A Malave										
Director	2.00	x						0	o	o
82 (48) Mark Mansfield		<u> </u>	-	-		\vdash	\vdash			
	2.00									
Director 85(19) Kelly R Marks	0.00	X		<u> </u>	<u>-</u> -	 	 	0	0	0
83(14) Kelly R Maiks	2.00		,							
Director	0.00	x						0	0	0
1b Sub-total										
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Secti	ion /	٩.						
2 Total number of individuals (in	cluding but not	lımıte	d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 in	
reportable compensation from	the organization	n ▶								Yes No
3 Did the organization list any fo	ormer officer, du	recto	r, or	trust	ee, l	key e	emple	oyee, or highest compensa	ited	Tes No
employee on line 1a? If "Yes," 4 For any individual listed on line								n and other compensation	from the	3
organization and related organ										
individual 5 Did any person listed on line 1	a receive or acc	rue (~~m	2000	ation	n from	m an	w unrelated erganization or	undovadu ol	4
for services rendered to the or										5
Section B. Independent Contracto										
Complete this table for your five compensation from the organical compensation.										ear
Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
							-			
	.						\vdash			
							<u> </u>			
2 Total number of independent of received more than \$100,000								se listed above) who		

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				<u>-</u>
` (A) Name and title	(B) (C) Average hours per (do not check more than box, unless person is box (list any hours for related quantum for the for the form of t						an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimate amount other compens	t of r ation	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2 1099-MISC)		from the organization of t	ition ited	
84 (12)Debra J Marshall	1												
Director	2.00 0.00	x						o	o				0
% (12) Cindy F Martin													
	2.00												_
Director % (14) James E Martin 1	0.00	X	_	-		\vdash		0	0				0
% (14) Uailles E Marcin	2.00		ļ										
Director	0.00	х						0	0				0
87 (15) James R McCook													
Director	2.00 0.00	x						o	o				0
88 (16) Peter McHugh	0.00	1	 			 							
5	2.00												
Director	0.00	X	ļ		ļ	ļ	ļ	0	0	 			0
99(ध्रा) Edward J McKenna	2.00												
Director	0.00 x 0 0												0
90 (48) Martin J McLaugh	lin III												
	2.00	,,											^
Director q ₁ (49) Larry D McNeill	0.00	X				<u> </u>		0	0				0
4(43)24117 2 1101101111	2.00												
Director	0.00	X	<u> </u>				<u> </u>	0	0				0
1b Sub-total c Total from continuation she	ete to Part VII	Sact	ion /	۸.									
d Total (add lines 1b and 1c)	cus to Fait VII,	3600	.011 /	`									
Total number of individuals (in reportable compensation from			d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 in			Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensa	ited		3	100	
4 For any individual listed on line organization and related organ	e 1a, is the sum	of re	port	able	com	pens	satio						
individual 5 Did any person listed on line 1	a receive or acc	rije i	comi	sens	atioi	n fror	n an	v unrelated organization or	ndividual	-	4		
for services rendered to the or								-			5		
Section B. Independent Contracto													
 Complete this table for your fix compensation from the organi 										ear			
	(A) business address								(B) tion of services		Cor	(C)	on
	_··									-+	—		
							<u> </u>						
						_							
2 Total number of independent of								se listed above) who					
received more than \$100,000	or compensation	ı iroi	a the	org	aniz	auor.							

Part VII

(D)

Reportable

(E)

Reportable

(F)

Estimated

Name and title	Average hours per week (list any	box	c, unle	check ess pe	rson ı	than c s both r/trust	an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	an comp	itimated nount of other pensation om the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21033-MISC)	orga and	anization d related anizations	
92 (42) Karen J McPhaul												
Dimenten	2.00	.						o	o			0
Director 96 (12) Gina C Miller	0.00	X				├	 		0	 		
76 (18) GINA C MILIEI	2.00	1										
Director	0.00	x						o	0			0
94 (14) Moises C Miranda												
	2.00	'										•
Director	0.00	X				<u> </u>		0	0	-		0
95(45) Jeffrey T Moore	2.00											
Director	0.00	x						o	o			0
96(16)Patrick R Morgan		1										_ _
,p(10)1 = 01 = 11 = 12 = 3 = 1	2.00											
Director	0.00	X						0	0			0
97(47) Jennifer Morton					Ì							
	2.00									ĺ		^
Director 9%(18) Jamie P Moss-Goo	0.00	X			├			0	0			0
7%(18) Uamile F Moss-Goo	2.00											
Director	0.00	x						o	o			0
99(49)Erin K Nixon					<u> </u>				***			
	2.00											
Director	0.00	X	<u> </u>	L	<u> </u>	<u> </u>	L	0	0			0
1b Sub-total				_								
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Secti	on A	4								
Total (and liftes 15 and 1c) Total number of individuals (in reportable compensation from	-		d to	thos	e lis	ted a	abov	e) who received more than	\$100,000 in			
						•					Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dii ' complete Sche	recto: dule	r, or .I for	trust	ee, l	key e lividi	empi Ial	oyee, or highest compensa	ated		,	
4 For any individual listed on line organization and related organ	e 1a, is the sum	of re	port	able	com	pens	satio					
5 Did any person listed on line 1 for services rendered to the or									ndividual			
Section B. Independent Contracto		,									<u></u>	
Complete this table for your five compensation from the organical compensation.	ve highest comp	ensa	ted i	ınde tıon	pend for ti	lent o	contralence	ractors that received more dar year ending with or with	than \$100,000 of nin the organization's tax ye	ear		
Name and	(A) business address							Descrip	(B) tion of services		(C) Compensati	ion
						_						
							1			\longrightarrow		
							İ					
	<u> </u>									-		
	<u></u>									$-\!\!\!\!+$		
2 Total number of independent received more than \$100,000								se listed above) who				
DAA											Form 990	(2012)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C) Position

Part VII Section A. Officers								nd Highest Compensated				age o
(A) Name and title	(B) Average hours per week (list any	(de	o not o	Pos check ess pe	C) sition more erson	than o	one i an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F Estim amou oth comper	nated unt of ner	
	hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	•	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organi and re organi	the zation elated	
Mo (12) Douglas E Nunna. Director	2.00 0.00	x				1		0	0	-		0
/o/ (12) Sandra L O'Conno												
Director	0.00	x	İ					o	0	ı		0
02(14)Chet Oehme	2.00											
Director	0.00	X	<u> </u>	<u> </u>	<u> </u>	lacksquare		0	0			0
رهر (45)Mollie W Owen										ı		
Director	2.00	x		Ì				0	o	i		0
104 (38) John A Pace	0.00	╬	\vdash	\vdash	\vdash	\vdash	 					
,0 (4.0) = ==================================	2.00											
Director	0.00	X	<u> </u>	ļ	<u> </u>	<u> </u>	_	0	0	ļ 		0
105(17) Leslie S Page	2 00											
Director	2.00	x						0	o			0
06 (18) Roger A Parham	0.00	╫	\vdash		╁	T	\vdash				•	<u>_</u>
, , , , , , , , , , , , , , , , , , ,	2.00											
Director	0.00	X		ļ	<u> </u>	<u> </u>	_	0	0			0
107(49) Karen D Parkin	2.00											
Director	0.00	$ _{\mathbf{x}}$						0	0			0
1b Sub-total		1	1		1		<u> </u>					
c Total from continuation she	ets to Part VII,	Sect	ion .	A			\blacktriangleright					
d Total (add lines 1b and 1c)							<u> </u>			·		
2 Total number of individuals (ii reportable compensation from			ea to	tnos	se iis	stea a	abov	e) wno received more than	\$100,000 in			
											Yes	No
3 Did the organization list any feedback on line 1a? If "Yes,	•					•		oyee, or highest compensa	ited	3		
4 For any individual listed on lin	ie 1a, is the sum	of re	eport	able	con	npen	satıo					
organization and related orga individual	nizations greate	r thar	1 \$15	50,00	002	lf "Ye	es," c	complete Schedule J for su	ch	4		ĺ
5 Did any person listed on line									ındıvıdual			
for services rendered to the o		Yes,"	con	plet	e Sc	hedu	ıle J	for such person		5		<u> </u>
Section B. Independent Contractor 1 Complete this table for your fi		ensa	ated	ınde	nend	ient i	conti	ractors that received more	than \$100 000 of			
compensation from the organ	ization Report of							dar year ending with or with	in the organization's tax ye		(0)	
Name and	(A) d business address						$oxed{oxed}$	Descrip	(B) tion of services		(C) Compensat	tion
							1					
												
							-					420
												
2 Total number of independent								se listed above) who				
received more than \$100 000	corcompensatio	rı troi	rr IT	e ore	27 וווואיג	'AllO						

Part VII Section A.	Officers, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson ı	than c	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	of	
	(list any hours for related organizations below dotted line)	or director		Officer	Key emptoyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensa from th organiza and rela organizat	ie tion ted	
68 (12) Gregory T P	2.00												
Director C Por	0.00	X	<u> </u>	-	-	 	_	0	0				0
109 (48) Jesse G Per	2.00 0.00	x					,	o	0				0
(16 (44) Denise E Pi			 	-		t					-		
110(14)20	2.00		1			ĺ		:					
Director	0.00	X			<u> </u>	<u> </u>		0	0				0
(1) (45) Frank Pimen	tal 2.00												
Director	0.00	X	ļ	<u> </u>	<u> </u>	<u> </u>	ļ	0	0				0
1/2 (46) Teresa J Pi	2.00			İ									
Director	0.00	$ \mathbf{x} $						0	o				0
1/3 (47) David Poorb			<u> </u>	t			 		<u> </u>				
Director	2.00	x						0	o				0
14 (48) Paula C Pre		1=											
Director	2.00	x						0	0				0
115 (18) Elaine Pric													
	2.00												_
Director	0.00	X				<u></u>	Ļ	0	0	├──			0
1b Sub-total	ation sheets to Part VII,	Sact	ion .	Δ									
d Total (add lines 1b		0000		•			•						
	viduals (including but not ation from the organization		ed to	thos	se lis	ted a	bov	re) who received more than	\$100,000 in			V I	NI-
	list any former officer, di ? If "Yes," complete Sche							loyee, or highest compensa	ated		3	Yes	No
4 For any individual lis	ted on line 1a, is the sum	of re	eport	able	con	npen	satio	on and other compensation complete Schedule J for su					
ındıvıdual											4		
	d on line 1a receive or aci d to the organization? If "							ny unrelated organization or for such person	rindividual		5		
Section B. Independent (. 00,		.р.о.								·	
Complete this table to compensation from to the compensation from the compensation from the compensation from the compensation from the compensation from the compensation from the complete this table to compensation from the compensation	the organization Report of	ensa	ated ensa	ınde atıon	pend for t	lent he c	cont	ractors that received more dar year ending with or with	nin the organization's tax ye	ear			
	(A) Name and business address						_	Descrip	(B) bition of services		Cor	(C) npensat	tion
		-					-						
2 Total number of inde	ependent contractors (inc	udın	g bu	t not	limit	ed to	tho	se listed above) who					
received more than	\$100,000 of compensation	n fro	m th	e org	ganız	zatioi	<u>1</u> ▶				<u> </u>		

	Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ev E	mpl	ovee	es, a	nd Highest Compensated	Employees (continued)			age C
Note Note	· (A)	(B) Average hours per week	(d bo	o not x, unl	Pos check ess pe	C) sition more erson	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	Estima amoun othe	ted t of r	
		hours for related organizations below dotted	-	,			T	·	organization		from t organizi and rela	he ation ated	
Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Dono X Director Director Director Dono X Dono X	(42) Nancy J Radtke	2 22								-			
	Director		$ \mathbf{x} $						0	0			0
Director 19 (14) Phillip R Rector 2.00	IT (13) Clifford J Ray												
	Dimashan		.										^
Director Dol de organization from the organization repeated end penalegoe on ine 12e ¹¹ ("Yes," competes Schedule J for such penalegoe on ine 12e ¹¹ ("Yes," competes Schedule J for such person Section B. Independent Contractors Director Dir			^	\vdash	\vdash	\vdash	\vdash	╁╌		<u> </u>			
Director Direct	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									•			
Director		0.50	X	<u> </u>	<u> </u>		_	<u> </u>	0	0			0
Director	119 (16) J Gregory Regan	2 00											
Director	Director	1	×						١	0			0
Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			· .				<u> </u>	<u> </u>	<u> </u>				<u>_</u>
Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1											
Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0.00	X	_	_	_	┝-	├	0	0			0
Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	121(17) Kathy K Riggs	2.00											
Director Director	Director	1	x						0	o			0
Director Director	(18) T J Robbins												
Director 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Total number of independent contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (C) Name and tusiness address 2 Total number of independent contractors (including but not limited to those listed above) who	Dimaskan												^
Director Director		0.00	┼≏	╁	\vdash	1	\vdash	 	0	<u> </u>			
total from continuation sheets to Part VII, Section A d Total funder of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (C) Name and trainers address 2 Total number of independent contractors (including but not limited to those listed above) who	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00			}								
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation Compensation from the organization on the organization of services organization of services.	Director	0.00	X	<u> </u>					0	0			0
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		sta ta Dart VIII i	C4						\				
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									se listed above) who				

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, ar	nd Highest Compensated	Employees (continued)						
Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson :	than o s both r/truste	en	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimat amount other compensa	of ation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,		organiza and rela organizat	tion ted			
124(12) Elliotte W Sherr	i11							-							
	2.00			1									^		
Director	0.00	X	_					0	0				0		
125(12) Susan G Shook	2.00						·								
Director	0.50	x			ļ			O	0	i			0		
126(14) Colleen R Shrive						<u> </u>									
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127(15) Bonnie J Smith															
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128(16) James A Smith	0.00	<u>^</u>					-								
1,50(10) 0 00000000000000000000000000000000	2.00														
Director	0.00	X		L				0	0				0		
129(47) Robin L Smith			ĺ			ĺ									
	2.00								o				0		
Director 150(46) Kerry A Stecher	0.00	X	\vdash	┢	\vdash	╁		0	<u> </u>						
190(40) Kelly A Scecilei	2.00														
Director	0.00	x						0	0				0		
(3)(19) Sue Stewart								-							
	2.00									!			_		
Director	0.00	X	L				Ļ	0	0				0		
1b Sub-total c Total from continuation she	oto to Dort VIII	C4								<u> </u>					
d Total (add lines 1b and 1c)	ets to Part VII,	Seci	1011 2	_				-							
Total number of individuals (in reportable compensation from	_		d to	thos	se lis	ted a	abov	e) who received more than	\$100,000 in			Yes	No		
3 Did the organization list any fo	ormer officer. di	recto	r. or	trus	tee. I	kev e	empl	ovee, or highest compensa	ated	ſ		163	110		
employee on line 1a? If "Yes,"	complete Sche	dule	J for	rsuc	h inc	dividu	Jal			ļ	3				
4 For any individual listed on lin organization and related organization and related organization.	e 1a, is the sum nizations greate	of re	port 1 \$15	able 50,00	003 I	pens f "Ye	satio es," c	on and other compensation complete Schedule J for su	from the ch		4				
5 Did any person listed on line 1									rındıvıdual		_				
for services rendered to the or Section B. Independent Contractor	•	Yes,"	con	nplet	e Sc	nedu	ile J	tor such person			5				
Complete this table for your fire.		ensa	ated	ınde	pend	dent o	contr	ractors that received more	than \$100,000 of						
compensation from the organi	zation Report of	comp	ensa	ation	for t	he ca	alend	<u>dar year ending with or with</u>	iin the organization's tax ye	ear T		(C)			
Name and	(A) business address						_	Descrip	(B) tion of services		Cor	(C) mpensat	on		
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2 Total number of independent	contractors (incl	ludin	a bu	t not	limit	ed to	the	se listed ahove) who							
2 Total number of independent received more than \$100,000	of compensation	n fro	m th	e org	anız	ation	1 🕨	will			<u>.</u>				

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Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson	than o s both r/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(44-2 (65544)365)	organization and related organizations	
(32 (42) Kelly J Striblin											
Director	2.00	x						o	o	1	0
133(13) John B Stroup Ji		1	╁	\vdash		 		- 0			
-	2.00										
Director	0.00	X		<u> </u>	ļ		_	0	0		_0
/34(14) Kathleen A Sull	2.00									1	
Director	0.00	x		1				0	o	1	0
(56(48) Stanley H Suther		†	l	┢	╁┈╴						
	2.00		Į							1	
Director	0.00	X	<u> </u>	├-	<u> </u>	ļ		0	0		_0
156(16)Brenda Thompson	2.00				}	İ				1	
Director	0.00	x	ļ					l	0.		0
137(17) Ronald M Thompso											_
	2.00	l	1								_
Director 138(18) Michael W Thornt	0.00	X	\vdash	-	 	-	-	0	0		_0
(3) MICHAEL W INCIN	2.00									1	
Director	0.00	x						0	0		0
(39(18) Kathleen Toomey											
Prince and	2.00	,,									^
Director 1b Sub-total	0.00	X	<u> </u>	Ц_	L		_	0	0		_0
c Total from continuation she	ets to Part VII.	Sect	ion <i>i</i>	A			•				
d Total (add lines 1b and 1c)	<u> </u>										
Total number of individuals (in reportable compensation from			ed to	thos	e lis	ted a	bov	e) who received more than	\$100,000 in	Yes	No
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for services rendered to the or										5	
Section B. Independent Contracto								<u> </u>			
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	(A) business address								(B) tion of services	(C) Compensation	
											
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2 Total number of independent of	contractors (incl	udıng	j but	not	limite	ed to	thos	se listed above) who			
received more than \$100,000											

193(16) Joann M Wainio 2.00 1.00 X 0 0 0 0 0 0 0 0	Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
## documentation and proposed a		Average hours per week (list any	bo	x, unk	Pos check ess pe	iition more erson i	s both	ลก	Reportable compensation from the	Reportable compensation from related organizations	Estim amou oth compen	ated nt of er isation	
Director		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2 (033-4113C)	organia and re	zation lated	
Director Dir	40 (12) James V Townsend												
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Director 1.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			x		L		<u> </u>		0	0			0
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Part VII Section A. Officers	, Directors, Tru	Istee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated				
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson	than o is both or/trusto	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Estin amou oth compe	F) nated unt of her nsation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organi and re	n the szation elated zations	
18 (12) Linda Yu												
	2.00						ļ					_
Director 149(18)David H Zeitz	0.00	X						0	0	 -	——	0
m (w) David ii Zeicz	2.00											
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150 (14) Andrea Bushnell				ĺ	1							
December 17 december 18 decemb	40.00			Į.,				212 602			2.5	160
Exec Vice President 141(16)Bryan M Jenkins	0.00	╁		Х	 	\vdash	\vdash	213,602	0		25,	100
14 (20) Diffui ii Comeris	40.00											
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152(36) Anne Shoemaker												
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ъψ(18) Treasure A Fair												
Treasurer	6.00 0.50			x				o	o			0
165(18) Stephanie G Wall	ker	T		1								
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1b Sub-total	ata ta Dawi VIII	C4						374,617			45,	396
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employee on line 1a? If "Yes,"	•		•			•	•	oyee, or nighest compensa	neo.	3		<u> </u>
4 For any individual listed on line												
organization and related orgar individual	nizations greate	rınar	1 \$ 15	יט,טנ	JU / I	ii re	s, c	complete Schedule J for Su	Cri	4		
5 Did any person listed on line 1									individual	_	1	
for services rendered to the or Section B. Independent Contractor		res,	com	ipieti	e Sc	neau	ie J	tor such person		5		
1 Complete this table for your five	ve highest comp	ensa	ited	ınde	pend	dent o	contr	ractors that received more	than \$100,000 of			
compensation from the organi		omp	ensa	tion	for t	he ca	alend				(C)	
Name and	(A) business address						-	Descrip	(B) tion of services		(C) Compensa	ation
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2 Total number of independent received more than \$100,000								oo nated above, WIIO				

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
• (A) Name and title •	(B) Average hours per week (list any	(C) Position (do not check more than or box, unless person is both a officer and a director/truster					an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and relations or ganization organiz	ition ited	
(42) Patrice H Wille President Elect	8.00 0.00			x				0	0				0
(12) Catherine Louis				-									
Dir Reg Affairs (14)	0.00					x		129,992	0		1	LO,(034
(15)													
(16)		,									 		
(17)			ļ										
(18)												_	
(19)	,												
1b Sub-total c Total from continuation she	ets to Part VII.	Sect	ion /	<u>. </u>		<u> </u>	>	129,992				LO,	034
d Total (add lines 1b and 1c) Total number of individuals (i reportable compensation from	ncluding but not l	imite			se lis	ted a	⊳ abov	e) who received more than	\$100,000 in				
 Did the organization list any f employee on line 1a? If "Yes, For any individual listed on lir 	" complete Sche	dule	J for	suc	h inc	lıvidi	ual				3	Yes	No
organization and related organization and related organization and related organization line organization line organization and related organization organization and related organization organization and related organization and related organization and related organization organization and related organization and rela	nizations greater	thar	n \$15	50,00)0? I	f "Ye	es," c	complete Schedule J for su	ch		4		
for services rendered to the of Section B. Independent Contract	rganization? If "Y										5		
Complete this table for your f compensation from the organ	ization Report c	ensa omp	ated ensa	inde ition	pend for t	lent o	conti	dar year ending with or with	nin the organization's tax ye	ear			
Name an	(A) d business address							Descrip	(B) tion of services		Cor	(C) πpensat	tion
							-						
													
													
· · ·									· .·-				
2 Total number of independent received more than \$100,000	contractors (incli	udınç	g but	not e orc	lımıtı janız	ed to	tho:	se listed above) who					

Part Vill: Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D) Revenue excluded from tax (A) Total revenue exempt business under sections 512, 513, or 514 function revenue revenue 1a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c 1d d Related organizations Contributions, and Other Sim 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 26,000 1f g Noncash contributions included in lines 1a-1f 26,000 h Total. Add lines 1a-1f Program Service Revenue Busn Code 900099 4,159,080 4,159,080 2a Dues & Assessments 195,754 900099 195,754 b Event & seminar fees 541900 131,283 131,283 Management services 900099 81,888 81,888 Education class fees 900099 72,435 72,435 Sponsorships 90,752 94,427 3,675 f All other program service revenue ▶ 4,734,867 Total. Add lines 2a-2f 3 Investment income (including dividends, interest, 141,410 141,410 and other similar amounts) Income from investment of tax-exempt bond proceeds 37,264 37,264 Royalties (ı) Real (ii) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) d Net rental income or (loss) ▶ 7a Gross amount from (i) Securities (II) Other sales of assets 1,592,232 9,276 other than inventory **b** Less cost or other 1,541,863 basis & sales exps 50,369 9,276 c Gain or (loss) 59,645 59,645 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 h b Less direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances а b b Less cost of goods sold c Net income or (loss) from sales of inventory **Busn Code** Miscellaneous Revenue 541800 41,209 41,209 11a Insight & Web Advertising b C d All other revenue 41,209 Total. Add lines 11a-11d 5,040,395 4,659,554 213,431 141,410 Total revenue. See instructions

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (B) (A) Total expenses Do not include amounts reported on lines 6b, Management and Program service general expenses expenses 7b, 8b, 9b, and 10b of Part Vill. expenses Grants and other assistance to governments and 70,150 70,150 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 388,338 388,338 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,058,866 1,058,866 7 Other salaries and wages Pension plan accruals and contributions (include 32,171 32,171 section 401(k) and 403(b) employer contributions) 137,493 137,493 Other employee benefits 110,357 110,357 Payroll taxes Fees for services (non-employees) a Management 164,304 164,304 b Legal 30,540 30,540 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 29,893 29,893 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 7,795 7,795 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 115,916 115,916 13 Office expenses 553,318 553,318 14 Information technology 15 Royalties 156,156 156,156 Occupancy 16 166,944 166,944 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 352,714 352,714Conferences, conventions, and meetings 19 76 76 218,867 218,867 21 Payments to affiliates 79,211 79,211 Depreciation, depletion, and amortization 22 10,088 10,088 23 Insurance Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 460,224 460,224 Issue advocacy 33,391 PAC admin expense 33,391 29,586 29,586 Staff development 21,244 21,244 Production services d 56,363 56,363 All other expenses 0 0 4,284,005 4,284,005 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ►

following SOP 98-2 (ASC 958-720)

Form 990 (2012)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 400 400 Cash-non-interest bearing 1,839,522 3,844,639 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 108,004 73,659 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L. 7 Notes and loans receivable, net 8 Inventories for sale or use 74,472 71,353 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 3,170,187 10a other basis Complete Part VI of Schedule D 1,870,740 1,299,447 1,949,285 10c 10b b Less accumulated depreciation 2,416,766 4,311,466 11 Investments—publicly traded securities 1,119,120 12 Investments—other securities See Part IV, line 11 43,000 43,000 13 13 Investments—program-related See Part IV, line 11 4,000 4,667 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 8,441,233 9,333,260 16 Total assets. Add lines 1 through 15 (must equal line 34) 60,037 42,692 17 17 Accounts payable and accrued expenses 18 18 Grants payable 497,859 657,838 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 124,300 of Schedule D 682,196 700,530 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 8,632,730 7,759,037 27 27 Unrestricted net assets Temporarily restricted net assets 28 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 8,632,730 7,759,037 33 Total net assets or fund balances 9,333,260 8,441,233 Total liabilities and net assets/fund balances

<u>Form</u>	990 (2012) North Carolina Association of 56-0488849			Pa	ge 12	
Pa	rt XI ` Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,0	40,	<u> 395</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,2	84,	005	
3	Revenue less expenses Subtract line 2 from line 1	3	7	56,	<u> 390</u>	
4						
5	Net unrealized gains (losses) on investments	5	1	17,	303	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	8,6	32,	<u>730</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				Ш.	
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		"			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		_2c	X	L	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		1	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Nan	e of organization North Carolina Assoc		Employer identification number						
	Realtors Inc	56-04888							
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.									
1	Provide a description of the organization's direct and indire	ect political campaign activities	ın Part IV						
2	Political expenditures			▶ \$					
3	Volunteer hours								
Pai	t I-B Complete if the organization is exer	npt under section 501(c	(3).						
1	Enter the amount of any excise tax incurred by the organic			▶ \$					
2	Enter the amount of any excise tax incurred by organization	5	▶ \$						
3	If the organization incurred a section 4955 tax, did it file F	orm 4720 for this year?			Yes No				
	Was a correction made?				Yes No				
	If "Yes," describe in Part IV			504(-\(0\)					
Pa	t I-C Complete if the organization is exer			on 501(c)(3).					
1	Enter the amount directly expended by the filing organizat	tion for section 527 exempt func	tion						
	activities			▶ \$					
2	Enter the amount of the filing organization's funds contribution	uted to other organizations for s	ection						
	527 exempt function activities			▶ \$					
3	Total exempt function expenditures Add lines 1 and 2 Er	iter here and on Form 1120-PO	L,						
	line 17b	_		▶ \$					
4	Did the filing organization file Form 1120-POL for this year		Yes No						
5	Enter the names, addresses and employer identification n								
	organization made payments For each organization listed	•							
	the amount of political contributions received that were pro-								
	as a separate segregated fund or a political action commi	T	I						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and				
				funds If none, enter -0-	promptly and directly				
				,	delivered to a separate				
		1			political organization (f none, enter -0-				
					nonej enter				
(1)									
		1							
(2)									
									
(3)									
(4)									
					 				
(5)									
(6)				- ,					
(0)									

Schedule C (Form 990 or 990-EZ) 2012 North	Carolina A	Association	of	56-0488849	Page 2
Part II-A Complete if the organi	zation is exemp	t under section 5	01(c)(3) and	filed Form 5768 (el	
. section 501(h)).	·				
A Check ▶ ☐ if the filing organization					oup member's
name, address, EIN,					
B Check ▶ ☐ if the filing organization	on checked box A	A and "limited con	trol" provision	s apply	
Limits on Lol (The term "expenditures"	bying Expendit	ures paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence p	ublic opinion (grass re	oots lobbying)			
b Total lobbying expenditures to influence a	legislative body (dire	ct lobbying)			
c Total lobbying expenditures (add lines 1a					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add l	nes 1c and 1d)				
f Lobbying nontaxable amount Enter the ar	mount from the follow	ring table in both			
columns					
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxat	ole amount is:			
Not over \$500,000	20% of the amount on lin	ne 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	e excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	ne excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000					
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amount (enter 25%	6 of line 1f)				
h Subtract line 1g from line 1a If zero or les					
i Subtract line 1f from line 1c If zero or less					
j If there is an amount other than zero on e	ther line 1h or line 1i,	, did the organization f	ile Form 4720		
reporting section 4911 tax for this year?		_			Yes No
	4 Voor Averegi	ng Period Under	Section FO1/	h)	
(Some organizations tha					the five
		tructions for line			LIIC IIVC
Columns be	ow. See the ms	iructions for fine	s za tiliougi	1 21 OII page 4.)	
Lobi	oying Expenditu	res During 4-Yea	r Averaging	Period	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed Yes No **Amount** description of the lobbying activity During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) if Part III-A, line 3, is answered "Yes." 4,107,854 Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 490,451 a Current year 2a b Carryover from last year 2b 490,451 c Total 2c 524,723 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

and political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information.

excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

-34,272

Schedule C (Form 990 or 990-EZ) 2012 North Carolina Association of

56-0488849

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization North Carolina Association of 56-0488849 Realtors Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

Sche	edule D (Form 990) 2012 North Card	olina Asso	ociation of		56- <u>0488849</u>		Pag	je 2
Pá	art III Organizations Maintaining	Collections of	Art, Historical T	reasures,	or Other Similar Assets	(continu		
3	Using the organization's acquisition, accession collection items (check all that apply)							
а	Public exhibition	a \square	Loan or exchange pro	nrams				
b	H		Other	grams				
	H _ 1	€ 🗀	Other					
C 4	_	actions and avaleu	n haw thay further the		a avamet surpass in Dart			
4	Provide a description of the organization's colle XIII	ections and explain	i now they further the	organization	s exempt purpose in Part			
_			-£ bb b					
5	During the year, did the organization solicit or i					□ v		.
D.	art IV Escrow and Custodial Arra					Yes		No
re	line 9, or reported an amount			iizalion an	swered res to roilli 990	, raitiv	1	
10					to not			
Id	Is the organization an agent, trustee, custodiar	or other intermed	nary for contributions (or other asset	is not	□ Voc		N.
L .	included on Form 990, Part X?		llavora Aabla			∐ Yes		No
D	If "Yes," explain the arrangement in Part XIII a	na complete the to	ollowing table			Amount		_
	Barranas balanca					Aniount		_
C	5 5				1c	 		_
	Additions during the year				1d			_
е	Distributions during the year				1e			_
f	Ending balance				1f			_
	Did the organization include an amount on For					Yes		No
	If "Yes," explain the arrangement in Part XIII C							
Pa	art V Endowment Funds. Comple		I	I		Y		
	<u></u>	(a) Current year	(b) Prior year	(c) Two yea	ars back (d) Three years back	(e) Four y	ears ba	ck
1a	Beginning of year balance						_	
b	Contributions			ļ				
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships	-		L				
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the currer	it year end balanc	e (line 1g, column (a))	held as				
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %							
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should	equal 100%						
3a	Are there endowment funds not in the possess	ion of the organiza	ation that are held and	administered	I for the			
	organization by	•				[Y	es	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)	i	
b	If "Yes" to 3a(ii), are the related organizations I	isted as required o	on Schedule R?			3b		
4						<u> </u>		
	art VI Land, Buildings, and Equip			<u> </u>	,			
	Description of property	(a) Cost or other to			(c) Accumulated	(d) Book va	ue	
		(investment)	(other		depreciation	(=, DUON 40	.	
10	Land	,,		90,904	•	200),9	<u>Λ</u>
	Buildings			48,077	604,148	1,54		
	Leasehold improvements		2,1	10,011	004,140	I,JT.	, , 3	ر د
	·		7	19,288	691,062	<u>າ</u>	3,2	2 6
	Equipment Other	<u> </u>	·	11,918	4,237		7,6	
	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990 Port			7,431	1,87		_
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Part XII	Schedule D (Form 990) 2012 North Card			56-0488849	Page 3
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Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part X - FIN 48 Footnote

NCAR is exempt from federal and state income taxes under the provisions of Section 501 (c)(6) of the Internal Revenue Code and applicable state tax statutes. NCAR is subject to unrelated business income taxes for royalties received from NCAR Service Corp. and management services provided in excess of related expenses. At December 31, 2012 and 2011, there was a federal net operating loss carryforward of \$294,922 and \$238,013, respectively, and a state net operating loss tax carryforward of \$230,243 and \$176,929, repectively. The net operating loss carryforwards begin to expire in 2025 for federal purposes and 2020 for state purposes.

NCAR's wholly-owned subsidiaries are subject to federal and state corporate income taxes. At December 31, 2012, NCAR Service Corporation had no federal tax liability.

The organization's policy is to evaluate all tax positions to identify those that may be considered uncertain. All identified material tax

Part XIII Supplemental Information (continued)

positions are assessed and measured by a "more-likely-than-not" threshold to determine if the benefit of an uncertain tax position should be recognized in the financial statements. For the year ending December 31, 2012, there were no uncertain tax positions.

The tax returns for the organization and its subsidiaries for the years ending 2009 through 2012 are subject to examination by the Internal Revenue Service and the North Carolina Department of Revenue, generally for three years after they are filed.

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SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

2012 OMB No 1545-0047

Open to Public Inspection

& Foreclosure preventn Foreclosure preventn Foreclosure preventn Foreclosure preventn Foreclosure preventn Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant General support or assistance Employer identification number X Yes 56-0488849 9 9 **A** non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 10,000 20,000 10,000 10,000 10,000 10,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table NC 28083-6667 58-2108838 501(c) NC 27401-2911|56-2061741|501(c)|(c) IRC section if applicable 36-4468109|501(c)58-1871390 | 501 (c) NC 28301-5028 56-0845795 501(c) 56-1243312 | 501 (c) North Carolina Association of General Information on Grants and Assistance (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (6) Consumer Credit Counseling Service (4) Northwestern Regional Housing Auth (3) Cumberland Comm Action Program 60611 NC 28401 NC 28607 869 Hwy 105 Extension, Ste 7 (a) Name and address of organization Realtors Inc (1) Realtors Relief Foundation (5) Prosperity Unlimited, Inc. 315 E. Washington Street CD 430 N. Michigan Avenue or government (2) Cape Fear Regional 1660 Garnet Street 500 Compton Street 316 Green Street Fayetteville Department of the Treasury Internal Revenue Service Name of the organization Wilmington Greensboro Kanapolis Chicago Part II Part Boone ~ 8 8 6

Schedule I (Form 990) (2012)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed 56-0488849 Schedule I (Form 990) (2012) North Carolina Association of

Page 2

	ו מון זון כמון כל מחלווכמוכם וו ממחונים ומלכי ופ ווככימכים					
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
-						
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7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	plete this part to provi	de the information r	equired in Part I, line	2, Part III, column (b), and	any other additional

\$20,000 was made to a disaster relief organization in 2012 which did not grants were awarded in 2012 that required monitoring. A contribution of Grants of \$10,000 and less are awarded without being monitored. No Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds require monitoring.

SCHEDULE J

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

North Carolina Association of Realtors Inc

Employer Identification number 56-0488849

Questions Regarding Compensation Part | Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to X 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, X 2 directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III X Compensation committee |X| Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53 4958-6(c)?

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Part II

North Carolina Association of Schedule J (Form 990) 2012

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 56-0488849

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For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Section A, line 1a, applicable column (D) and (E) amounts for that individual Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Description of the control of the co	9	Mac amobalo	1 2 and (an 4000 has	an, condition of	a, applicable column	(a) and (a)		.
	(a)	eakdown of v	(b) breakdown of W-2 and/or 1099-WISC compensation	oc compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	= E	(i) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)(·)+(a)	reported as deferred in prior Form 990
Andrea Bushnell	(1)	213,318	0	284	7,488	21,216	242,306	0
1 Exec Vice President	(11)	0	0	0	0	0	0	0
	(B)							
2	(n)							
	Θ							
3	(11)							
	(u)							
4	Ξ							
	©							
5	(II)				-			
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Schedule J (Form 990) 2012

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Schedule J (Form 990) 2012 North Carolina Association of

56-0488849

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Supplemental Information Part III

Schedule J (Form 990) 2012

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.

2012 Open to Public Inspection

OMB No 1545-0047

Name of the organization

North Carolina Association of Realtors Inc

Employer Identification number 56-0488849

Form 990, Part VI - Additional Information

Question 15: For the compensation process for the top official, the Administrative Committee performs reviews of the Executive Director four times a year. Compensation is determined and adjusted based on outside information related to similar positions.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The organization's 990 is reviewed by the Chief Financial Officer, the

Treasurer and the Executive Vice President prior to submission to the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The conflict of interest policy is distributed to all volunteer Officers,
the Executive Committee of the Board of Directors and the Board of
Directors. Signed copies of acknowledgement are returned to the
Association's office for retention. Any item that is noted by any volunteer
as being a potential conflict of interest is reviewed by legal counsel and
then discussed by the leadership team. The leadership team determines the
appropriate steps necessary to alleviate, monitor and deal with conflicts,
such as restricting the actions of persons with a conflict by prohibiting
them from participating in the governing body's deliberation and decisions
for a particular transaction. Staff members who are officers or key
employees are reminded to communicate conflict of interests to the
Association during their annual review process. A written conflict of
interest policy for staff members who are officers or key employees of the
Association is currently in development.

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

North Carolina Association of

Employer identification number 56-0488849

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The organization's bylaws are made available on the organization's website.
The conflict of interest policy is given to all board members and is
available to general membership upon request. Financial statements are
made available to membership upon request. Tax returns are made available
upon request and are also available on a public website.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

▶ Attach to Form 990.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service	e Treasury	► Attach to F	to Form 990.	See separate instructions.	Ś		Open to rubilic Inspection
Name of the organization	nization	North Carolina Association of				Employer identification 56-0488849	Employer identification number 56 – 0488849
1	14.5.4.4.6.1			100 ms 2 10 m 000	Dort IV line 33)		
Fart	Identifica	identification of Disregarded Entitles (Complete II the Org	ganization answer	organization answered tes to rolli 990, railiv, inte 55.	J, raitiv, iiie 33./		
	Name, 8	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
				or foreign country)			entity
(1)							
(2)							
(3)							
(4)							
(2)							
Part II	Identifica one or m	Identification of Related Tax-Exempt Organizations (Co one or more related tax-exempt organizations during the tay	Complete if the orga tax year.)	(Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had tax year.)	es" to Form 990, Pe	art IV, line 34 becau	se it had

סווכ כו וווסוב וכומוכת ומע בעבווו לו מומים וווים מוויום מווים	יווכ נמץ אמויי						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempl Code section	(e) Public chanty status	(f) Direct controlling	(g) Section 512(b)(13) controlled entity?	(b)(13)
		or foreign country)		(if section 501(c)(3))	entity	Yes	2
(1) NC Real Estate Education Foundation							
4511 Weybridge Lane 56-6065274	274						
Greensboro NC 27407	Education	NC	501	7	N/A		×
(2) NC Housing Opportunity Foundation							
4511 Weybridge Lane 45-0530518	518						
Greensboro NC 27407	Housing	NC	501	7	N/A		×
(3) NC Homeowners Alliance							
PO Box 4574 20-4345771	771						
Greensboro NC 27404	Advocacy	NC	527		N/A		×
(4) NC Realtors Political Action Com							
4511 Weybridge Lane 56-1061848	848						
Greensboro NC 27407	Advocacy	NC	527		N/A		×
(5)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

Page 2

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Schedule R (Form 990) 2012 (I) Section 512(b)(13) controlled entity? Š Percentage × ownership 3 (I) General or managing partner? Yes No 111,507|100.000000| Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Schedule R (Form 990) 2012 North Carolina Association of 56-0488849

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34

because it had one or more related organizations treated as a partnership during the tax year) Percentage ownership Ξ amount in box 20 of Schedule K-1 Code V—UBI (Form 1065) end-of-year assets Share of (h)
Disproportionate
alloc ? 9 Yes No (g) Share of end-of-year assets Share of total псоте Share of total income Type of entity (Ccomp, Scorp ε or trust) υ (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity Đ (d) Direct controlling Legal domicile foreign country) entity (state or ပ္က (c) Legal domicile (state or foreign country) Primary activity Service Primary activity Ð NC 27407 Name, address, and EIN of related organization (1)NCAR Service Corporation Name, address, and EIN of related organization 4511 Weybridge Lane Greensboro 56-1737585 Part IV ð € E 3 ල **₹ |** ල 2

Schedule R (Form 990) 2012 North Carolina Association of

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36) Part V

56-0488849

Page 3

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Yes

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During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

2 If the answer	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ine, including covered re	lationships and transacti	on thresholds
	(a)	(q)	(0)	(p)
	Name of other organization	Transaction	Amount involved	Method of determining amount involved
		type (a-s)		
5	MC Housing Opportunity Roundation	ء	000 09	אפט
		3		
(3)	NC Housing Opportunity Foundation	н	62,727	Cash
(3)	NC Homeowners Alliance	q	158,867	Cash
(4)	NC Homeowners Alliance	-	57,500	Савћ
(2)	NCAR Service Corporation	a	40,064	Cash
(9)	NC RPAC	0	71,891	Cash

Schedule R (Form 990) 2012

Part VI

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56-0488849

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Section 5/2-5/4/ Yes No	Name, address, and EIN of entity Primary activity Primary activity Legal Predominant Are all partners domicile income (related, section to section to predominant and partners) (state or unrelated, excluded 501(c)(3) foreign from law under organizations?	(b) Primary activity	(c) Legal domicile (state or	(d) Predominant income (related, unrelated, excluded from lax under	(e) Are all partners section 501(c)(3) organizations?	ners	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man: part	(J) General or managing partner?	(k) Percentage ownership
				section 512-514)	Yes	9				$\downarrow \downarrow$		Yes		1
(4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(1)		··· ···											
(3) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(2)													
(6) (7) (8) (9) (10)	(5)													
(6) (7) (8) (9) (10)	(4)													
(a) (b) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(9)												-	
(7) (8) (9) (10) (11)	(9)													
(9) (10) (11)	(7)													
(10)	(8)		 										-	
(10)	(6)													
(11)	(10)		,											
	(11)													

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Part VII' Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).