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Form 990-EZ

Department of the Treasury

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No 1545-1150

2012

**Open to Public** Inspection

Internal Revenue Service			The organization may have to use a copy of this return to	satisfy	state re	porting	requirer	ments.			<i></i>	
Α	For the	e 2012 calend	dar year, or tax year beginning , and ending									
В	Check if	applicable	C Name of organization						mploy	er identific	ation nu	ımber
	Address	change	NORTH CAROLINA VENDING					1				
П	Name ch	nange	ASSOCIATION, INC.						56-	60628	58	
$\Box$	Initial ret	turn	Number and street (or P O box, if mail is not delivered to street address)			Room/	suite			ne number		
П	Terminat	ted	P.O. BOX 4407			]			•	-215-	9005	<u>,</u>
П	Amended		City or town, state or country, and ZIP + 4					<del></del>		Exemption	_	
Ħ		on pending	CARY NC 27519						lumbe	-		
G		nting Method	X Cash Accrual Other (specify) ▶			T	H Ch	_		the organi	zation is	
ī		•	NCVEND. COM					-		h Scheduk		· IIOt
i J				7/2\/4\ -	_	507	_ '	•				
	Check			7(a)(1) c		527			•	EZ, or 990		
r.			e organization is not a section 509(a)(3) supporting organization or a									
			100. A Form 990-EZ or Form 990 return is not required though Form	1.990=1	v_(e₌pos	stcard)-i	nay-be-i	required	1-(see-	instruction	s) But-ı	17
			oses to file a return, be sure to file a complete return.									
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or	if total as	ssets (Pa	irt II,				<b>60</b>	4 - 0
		.,,	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ						<u> </u>		68,:	<u> 128</u>
===	art I		ue, Expenses, and Changes in Net Assets or Fund				e instru	uctions	for P	art I)		77
	Ι.		if the organization used Schedule O to respond to any ques	tion in	this P	art I		· · · <sub>1</sub> · ·				X
e-e	1		gifts, grants, and similar amounts received					<u> </u>	1			
$\Rightarrow$	2	=	vice revenue including government fees and contracts					<u> </u>	2		29,4	
Z	3	Membership	dues and assessments	ee	Stat	eme	nt	⊢	3		35,	
	4	Investment i	ncome	,				ļ	4		3,4	<u>440</u>
	5a	Gross amou	nt from sale of assets other than inventory	<u>5a</u>	<del>.  </del>							
ReCOUNTAND	b	Less. cost or	r other basis and sales expenses	5b								
芝	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)						5c			
22	6	Gaming and fundraising events										
*	a	Gross income from gaming (attach Schedule G if greater than					ŧ					
<b>S</b>		\$15,000)	RECEIVED	6a								
Re	b	Gross incom	e from fundraising events (not including \$	_ of c	ontribut	tions	·					
	1	from fundras	sing events reported on hip 1) (attach Schedule G if the									
	1	sum of such	gross indome and contributions exceeds \$15,000)	6b								
	С	Less direct	expenses from gaming and findraising events	6с								
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b	and sul	otract	-						
		line 6c)	00					6	3d			
	7a	Gross sales	of inventory, less returns and allowances	7a								
	ь	Less cost of	•	7b								
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	-				7	7c			
	8	Other revenu	ue (describe in Schedule O)						8			
	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					▶	9		68,:	<del>158</del>
	10		similar amounts paid (list in Schedule O)					1	10			
	11	Benefits paid	to or for members					1	11		•	
s	12	Salaries, oth	er compensation, and employee benefits					T-1	12			
Expenses	13		fees and other payments to independent contractors						13		38,2	<del>200</del>
þ	14		Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O)					14				
ŭ	15	Printing, pub						15			92	
	16							16	<del>_</del>	12,		
	17	•	ses. Add lines 10 through 16					. —	17		50,4	
	18		eficit) for the year (Subtract line 17 from line 9)	-					18		17,	
ets	19		r fund balances at beginning of year (from line 27, column (A)) (mu	st agre	e with					•		
155	-		figure reported on prior year's return)	g.					19	2	209,3	322
Net Assets	20	•	es in net assets or fund balances (explain in Schedule O)					-	20			<del>244</del>
Ż	21	_	r fund balances at end of year. Combine lines 18 through 20						21		230,	
		V							. 1		- , -	

For Paperwork Reduction Act Notice, see the separate instructions.

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DIRECTOR

DIRECTOR RICK PARKER

DIRECTOR

JOE COSTANZO

Form 990-EZ (2012) NORTH CAROLINA VENDI	NG	56-60	62858		Page 2
Part II . Balance Sheets (see the instructions for F	Part II)				
Check if the organization used Schedule O t	o respond to any	question in this Part	H		
•		(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments			0	22	
23 Land and buildings			0	23	
24 Other assets (describe in Schedule O)			0	24	
25 Total assets			0	25	0
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agr	ee with line 21)		0	27	0
Part III Statement of Program Service Accom		ee the instructions for			Expenses
Check if the organization used Schedule O t	•		, c	(Re	equired for section
What is the organization's primary exempt purpose?	o rooperia to arry	quodion in tino i art			(c)(3) and 501(c)(4)
and the second periods					anizations and section
Describe the organization's program service accomplishments for	each of its three la	rnest program services	· -	_	7(a)(1) trusts, optional
as measured by expenses In a clear and concise manner, describ					others )
persons benefited, and other relevant information for each program		Vidod, 1110 11011111111111111111111111111111		101	others )
28				т	<del></del>
20					
(Grants \$ ) If this amount includes	formum =====1	ale have			
	roreign grants, che	eck nere	<u> </u>	28a	
29					
	_		. +4		
(Grants \$ ) If this amount includes	foreign grants, che	eck here	<u> </u>	29a	
30					
			1444		
(Grants \$ ) If this amount includes	foreign grants, che	ck here	<b>•</b>	30a	
31 Other program services (describe in Schedule O)					
(Grants \$ ) If this amount includes	foreign grants, che	ck here	<b>•</b>	31a	
32 Total program service expenses (add lines 28a through 31a)			<b>•</b>	32	
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	mployees List eac	th one even if not competed	nsated (see the i	nstruct	ions for Part IV)
Officer if the organization used ochedule O to resp	(b) Average	(c) Reportable	(d) Heath ben	efits	
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to ended to be benefit plans,	mployee	(e) Estimated amount of other compensation
	devoted to position	(If not paid, enter -0-)	deferred comper	nsation	other compensation
CHRIS TAYLOR					
DIRECTOR	0.00	0		0	0
LISA KELLEY					
DIRECTOR	0.00	0		0	0
LANTZ RAMM					
DIRECTOR	0.00	0		0	0
JOHN CRANE					
DIRECTOR	0.00	0		0	0
					-
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			-		1
	<del>                                     </del>	-	-		<del> </del>
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<del></del>		···-			
	1				
					<del>                                     </del>
	1				
	I	i			

Form	990-EZ (2012) NORTH CAROLINA VENDING 56-6062858		F	age :
Pi	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		T	
33	. Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
00	detailed description of each activity in Schedule O	22		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	<del>                                     </del>	
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1	ļ '	
	change on Schedule O (see instructions)	34		x
35a		54		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	x	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b	X	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	_		
39	Section 501(c)(7) organizations. Enter			l
а	Initiation fees and capital contributions included on line 9			İ
b	Gross receipts, included on line 9, for public use of club facilities			ĺ
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			İ
	section 4911 ▶, section 4912 ▶, section 4955 ▶			į
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			ĺ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			l
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ļ	ļ
С	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			ĺ
	organization managers or disqualified persons during the year under sections 4912,			ĺ
	4955, and 4958		[	İ
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			ĺ
_	reimbursed by the organization			ĺ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40.	·	x
44	transaction? If "Yes," complete Form 8886-T	40e	لــــا	
41	List the states with which a copy of this return is filed None  The organization's books are in care of TAYCAR, INC.  Telephone no 919	9-38	7-1	33.
42a	The organization's books are in care of ► TAYCAR, INC.  PO BOX 4407  Telephone no ► 919	, 50	, - 1	~ ~ .
		519-	440	7
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	X
	If "Yes," enter the name of the foreign country	12.5		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			l
	and Financial Accounts.			ĺ
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		f !	1
	completed instead of Form 990-EZ	44a		X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b	<b> </b>	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	X
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	سمما	f i	
	explanation in Schedule O	44d	╁	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		•	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		•	17
	Form 990-EZ (see instructions)	45b	I.	X

Form	990-EZ (2012) NORTH CAROLINA VENDI	NG		<u> 56-60</u>	62858	<u> </u>		_ P	age 4
	•	<del>-</del>	-	<u> </u>				Yes	No
46	Did the organization engage, directly or indirectly, in political to candidates for public office? If "Yes," complete Schedule	campaign activitie	s on beh	alf of or in oppo	sition		46		v
Pa	eff VI Section 501(c)(3) organizations only	C, Part I					46	L:	X
1 4	All section 501(c)(3) organizations must ans	wer auestions 47	′–49b ar	nd 52. and coi	mplete th	e tables for li	ines		
	50 and 51				•				
	Check if the organization used Schedule O to	o respond to any	questio	on in this Part	VI				
47	Did the organization engage in lobbying activities or have a s	section 501(h) elec	tion in ef	fect during the t	2			Yes	No
	year? If "Yes," complete Schedule C, Part II	,000,001,001,(11) 6166		icol during the t	<b>a</b> A		47		
48	Is the organization a school as described in section 170(b)(1	)(A)(II)? If "Yes," co	omplete S	Schedule E			48		
49a	Did the organization make any transfers to an exempt non-ci						49a		
b	If "Yes," was the related organization a section 527 organiza	tion?					49b		
50	Complete this table for the organization's five highest compe								
	employees) who each received more than \$100,000 of comp	ensation from the	organiza	tion if there is r	none, ente	r "None "			
	(a) Name and title of each employee	(b) Average hours per week		Reportable mpensation		Ilth benefits, ns to employee	(e) Estimate	d amou	unt of
	paid more than \$100,000	devoted to position	(Forms \	W-2/1099-MISC)	benefit	plans, and compensation	other com	pensati	ion
			<u> </u>		deletted	compensation		-	
								•	
	Total number of other employees paid over \$100,000	<u> </u>		<u> </u>					
51	Complete this table for the organization's five highest compe	nsated independer	nt contrac	ctors who each	received m				
	\$100,000 of compensation from the organization. If there is r	none, enter "None '	, ,						
	(a) Name and address of each independent contractor paid more t	han \$100,000		<b>(b)</b> Type	e of service		(c) Compe	nsation	
		<del></del>			<del></del>				
	-	<del></del>		···	•				—
				•					
d	Total number of other independent contractors each receiving	g over \$100,000	<b>•</b>						
52	Did the organization complete Schedule A? Note All section	501(c)(3) organiza	ations and	d 4947(a)(1)				_	
	nonexempt charitable trusts must attach a completed Sched					<u> </u>	Yes		No
Under	penalties of perjury, I declare that I have examined this return, include correct, and complete peclaration preparer (other than officer) is be	ling accompanying so	chedules a	and statements, a	nd to the be	est of my knowle	edge and belie	f, it is	
truc, c	wheel, and complete pedalation to prepare (other than officer) is on	aseo on an imormatic	- Which	ii preparei rias ari	y knowledg	-			
Sign	Signature of officer		<del> ·</del>	lDa	te	<del></del>			
Here	I i Plata kaya. L.a.	e. Dir.		0-	5-	-10-13	}		
	Type or print name and title								
	Print/Type preparer's name Prej	parer's signature			Date	Check	T of PTIN		
Paid	D. KEITH JOYCE, CPA D.	KEITH JOYCE,	CPA		04/			11224	0
•	arer Firm's name Joyce and Company					Firm's EIN	56-22		
Use	Only Firm's address 104 Brady Ct								
	Cary, NC 27511	<del> </del>				Phone no 9	<u> 19-466</u>	-09	46
May	the IRS discuss this return with the preparer shown above? S	ee instructions					▶ \ Y		No
							Form 991	1-F7	(2012)

### 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 ▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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

_ `	bection 30 f(c)(4), (3), or (0) organizations. Complete Part III					
Nar	me of organization NORTH CAROLINA VENDI	NG	·····	Employer identifica	tion number	
	ASSOCIATION, INC.		56-6062858			
Pa	rt I-A Complete if the organization is exen	npt under section 501(c	) or is a secti	on 527 organizati	on.	
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV		-	
2	Political expenditures					
3	Volunteer hours					
Pa	rt I-B Complete if the organization is exen	npt under section 501(c	)(3).			
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955		▶ \$		
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	▶ \$		
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No	
4a	Was a correction made?				Yes No	
<u>b</u>	If "Yes," describe in Part IV		- <del></del>			
Pa	rt I-C Complete if the organization is exen	npt under section 501(c	), except sect	ion 501(c)(3).		
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	tion			
	activities			▶ \$		
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	ection			
	527 exempt function activities			<b>▶</b> \$		
3	Total exempt function expenditures Add lines 1 and 2 En	ter 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 no	• ,	_	~		
	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 commit	tee (PAC) If additional space i	s needed, provide	information in Part IV	T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political	
				filing organization's funds if none, enter -0-	contributions received and promptly and directly	
				lands if hone, enter-o-	delivered to a separate	
		İ			political organization If none, enter -0-	
	<del> </del>			<del> </del>	none, enter -o-	
(1)						
					<u>-</u>	
(2)						
	<del></del>					
(3)						
(4)		-				
171						
(5)				<u> </u>		
• •						

	ACCARGO	I CAROLINA			56-6062858	Page 2	
Part II-A . Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
	section 501(h)).				· · · · · · · · · · · · · · · · · · ·		
Α	Check ▶ ☐ if the filing organization					ıp member's	
_	name, address, EII						
В	Check ▶ ☐ if the filing organiza	tion checked box	A and "limited con	trol" provisions a	pply		
	Limits on Le	obbying Expendi	tures		(a) Filing	(b) Affiliated	
	(The term "expenditures				organization's totals	group totals	
1a	, J p		,				
	b Total lobbying expenditures to influence	• • • • • • • • • • • • • • • • • • • •	ect lobbying)				
	c Total lobbying expenditures (add lines 1.						
	d Other exempt purpose expenditures						
e	e Total exempt purpose expenditures (add						
1	f Lobbying nontaxable amount Enter the	amount from the follow	ving table in both				
- 1	columns	- <sub>  -</sub>		<del></del>		.,	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
	Not over \$500,000	20% of the amount on line 1e					
- 1	Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000	\$100,000 plus 15% of the excess over \$500,000					
ı	Over \$1,500,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000	e excess over \$1,500,000				
	g Grassroots nontaxable amount (enter 25			1			
	h Subtract line 1g from line 1a If zero or le	•			-		
	i Subtract line 1f from line 1c If zero or le						
	j If there is an amount other than zero on		. did the organization f	ile Form 4720		<del> </del>	
•	reporting section 4911 tax for this year?		, a.a o.ga <u>-a</u>			Yes No	
	· • • • • • • • • • • • • • • • • • • •	4 7/2 4		0 41 50441	···		
	(Como ouveninotione th		ng Period Under			<b>.</b>	
	(Some organizations th					e tive	
	columns be	now. See the ins	tructions for line	s 2a through 2t	on page 4.)		
	Lot	bying Expenditu	res During 4-Yea	r Averaging Pe	riod		
	Calendar year (or fiscal year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total	
	beginning in)	(a) 2003	(5) 2010	(0) 2011	(4) 2012	(e) rotal	
2a	a Lobbying nontaxable amount						
						<del> </del>	
D	(150% of the 3c polymp(s))						
	(150% of line 2a, column(e))					<del> </del>	
С	Total lobbying expenditures	1					
d	d Grassroots nontaxable amount						
е	Grassroots ceiling amount					1	
	(150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

NORTH CAROLINA VENDING Schedule C (Form 990 or 990-EZ) 2012 56-6062858 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No **Amount** 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? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 X Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 X X Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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." 35,225 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). 18,200 a Current year 2a 7,793 b Carryover from last year 2b 25,993 c Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 24,658 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying <u>1,3</u>35 and political expenditure next year?

Taxable amount of lobbying and political expenditures (see instructions) Part IV **Supplemental Information** 

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

Schedule C (Form 990 or 990-EZ) 2012 NORTH CA

NORTH CAROLINA VENDING

56-6062858

Page 4

Part IV - Supplemental Information (continued)

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service
Name of the organization

NORTH CAROLINA VENDING ASSOCIATION, INC.

Employer Identification number 56-6062858

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

Description	Amount				
Expenses					
Travel	\$	781			
CONFERENCES AND MEETINGS	\$	10,245			
Insurance	\$	350			
BANK CHARGES	\$	557			
UBIT TAXES	\$	16			
PLAQUES/AWARDS	\$	231			

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description

Amount

Total \$

12,180

UNREALIZED GAIN ON VALUE OF INVESTMENTS

\$ 3,244

Form 990-EZ, Part III, Line 31 - All Other Accomplishment SCHOLARSHIP FOR STUDENTS