

7270

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NORTH CAROLINA ASSOC. OF EDUCATORS, INC.		D Employer identification number 56-0948289
		Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P. O. BOX 27347		E Telephone number 919-832-3000
		City or town, state or country, and ZIP + 4 RALEIGH, NC 27611		G Gross receipts \$ 11,029,465.
		F Name and address of principal officer: SCOTT ANDERSON 700 SOUTH SALISBURY STREET, RALEIGH, NC		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No if "No," attach a list. (see instructions) H(c) Group exemption number ▶ 8572
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.NCAE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1970		M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BE THE VOICE OF EDUCATORS IN NORTH CAROLINA THAT UNITES, ORGANIZES, AND EMPOWERS MEMBERS TO BE	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	16
	5 Total number of employees (Part V, line 2a)	135
	6 Total number of volunteers (estimate if necessary)	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	40,573.
b Net unrelated business taxable income from Form 990-T, line 34	0.	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	11,106,311.	10,956,964.
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,322.	28,989.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,146.	43,512.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,161,779.	11,029,465.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,000.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,629,623.	7,927,162.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,350,966.	3,092,071.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,981,589.	11,019,233.
19 Revenue less expenses. Subtract line 18 from line 12	180,190.	10,232.
20 Total assets (Part X, line 16)	8,666,407.	8,544,015.
21 Total liabilities (Part X, line 26)	3,214,898.	3,069,980.
22 Net assets or fund balances. Subtract line 21 from line 20	5,451,509.	5,474,035.

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date _____
 ▶ **JOYCE JARRETT, ASSOCIATE EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **NEAL, BRADSHER & TAYLOR, P.A.**
3721-D UNIVERSITY DRIVE
DURHAM, NC 27707 EIN: _____ Phone no. ▶ **(919) 489-3369**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No