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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public  
Inspection

A For 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization

THE CAROLINA OUTREACH FOUNDATION

Number &amp; street (or P.O. box, if mail is not delivered to street addr)

Room/suite

2670 DURHAM CHAPEL HILL BLVD.

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

DURHAM NC 27707

D Employer identification number

20-3676000

E Telephone number

(919) 251-9001

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☒ Cash ☐ Accrual  
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) -- ☒ 501(c)(3) (insert no ) 4947(a)(1) or 527

H Check ☐ if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

52,684

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	40,685
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► SEE ATTACHMENT #1)	8	11,999	
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	52,684	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	13,815
	13	Professional fees and other payments to independent contractors	13	350
	14	Occupancy, rent, utilities, and maintenance	14	10,319
	15	Printing, publications, postage, and shipping	15	6
	16	Other expenses (describe ► SEE ATTACHMENT #2)	16	29,592
17	Total expenses. Add lines 10 through 16	17	54,082	
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,398
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	45,304
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	43,906

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	30,116	22 11,487
23 Land and buildings	70,096	23 134,799
24 Other assets (describe ► SEE ATTACHMENT #3)		24 200
25 Total assets	100,212	25 146,486
26 Total liabilities (describe ► SEE ATTACHMENT #4)	54,908	26 102,580
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	45,304	27 43,906

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III )
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What is the organization's primary exempt purpose? SEE ATTACHMENT #5

Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title

28 SEE ATTACHMENT #6

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

54,082

29

(Grants \$ ) If this amount includes foreign grants, check here ... ►

30

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here . . . . . ►

**31 Other program services (attach schedule)**

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here . . . . . ☐

<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	.....▶
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54,082

<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instr. for Part IV.)
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**(a) Name and address**

(b) Title and average hours per week devoted to position

(c) Compensation  
(If not paid,  
enter -0-.)

**(d) Contributions to employee benefit plans & deferred compensation**

(e) Expense  
account and  
other allowances

SEE ATTACHMENT #7

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	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	37a	
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 period 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		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. NONE		
42a The organization's books are in care of SEE ATTACHMENT #8 Telephone no. Located at ZIP + 4		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **Yes No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46 47 48 49a 49b**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **X**
- b If "Yes," was the related organization a section 527 organization? **X**
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

<b>Sign Here</b>	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.			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p style="margin: 0;">Signature of officer <i>Timothy A. Brooks</i></p> <p style="margin: 0;">Type or print name and title</p> </div> <div style="width: 20%; text-align: right;"> <p style="margin: 0;">Date <i>3/30/10</i></p> </div> </div>			
<b>Paid Preparer's Use Only</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p style="margin: 0;">Preparer's signature <i>Joe Wrenn, CPA</i></p> <p style="margin: 0;">Firm's name (or yours if self-employed), address, and ZIP + 4</p> </div> <div style="width: 20%;"> <p style="margin: 0;">Date <i>3/26/10</i></p> <p style="margin: 0;">JOE WRENN, CPA, P.C. 1314 BROAD STREET DURHAM, NC 27705</p> </div> <div style="width: 20%;"> <p style="margin: 0;">Check if self-employed <input type="checkbox"/></p> <p style="margin: 0;">EIN <span style="float: right;">▶</span></p> <p style="margin: 0;">Phone no. <span style="float: right;">▶</span></p> </div> <div style="width: 20%;"> <p style="margin: 0;">Preparer's identifying no. (See instr.)</p> <p style="margin: 0;">919-416-8815</p> </div> </div>			
	<p>May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;"><b>Yes No</b></span></p>			

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

OMB No. 1545-0047

2009

**Open to Public Inspection**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization

THE CAROLINA OUTREACH FOUNDATION

Employer Identification number

20-3676000

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions.
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The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
  - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
  - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
  - 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
  - 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a ☐ Type I
    - b ☐ Type II
    - c ☐ Type III--Functionally integrated
    - d ☐ Type III--Other
  - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box \_\_\_\_\_
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
    - (ii) A family member of a person described in (i) above? \_\_\_\_\_
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
  - h Provide the following information about the supported organization(s).

[illegible]

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,000	6,585	22,029	52,648	40,685	124,947
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5	3,000	6,585	22,029	52,648	40,685	124,947
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6)						124,947

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	3,000	6,585	22,029	52,648	40,685	124,947
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				2,150		2,150
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)	3,000	6,585	22,029	54,798	40,685	127,097

**14** First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☒

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a** 33 1/3 % support tests -- 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**b** 33 1/3 % support tests -- 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

M-384

# SCHEDULE OF OTHER REVENUE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 8

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
Name of Organization THE CAROLINA OUTREACH FOUNDATION	Employer Identification Number 20-3676000

Description of Other Revenue	Amount
RENTAL INCOME	11,999
Total	11,999



**SCHEDULE OF OTHER ASSETS**

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 24

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
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Name of Organization THE CAROLINA OUTREACH FOUNDATION	Employer Identification Number 20-3676000
--	--

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
SECURITY DEPOSIT		200	
Totals		200	

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 1, PART II, LINE 26

**For calendar year 2009 or tax period beginning**

**, and ending**

Employer Identification Number

20-3676000

**Totals**

# SCHEDULE OF OTHER EXPENSES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
Name of Organization THE CAROLINA OUTREACH FOUNDATION	Employer Identification Number 20-3676000

Description of Other Expenses	Amount
AUTOMOBILE EXPENSE	294
CONTRACT LABOR	1,140
CONTRIBUTIONS	2,413
HOUSE SUPPLIES	178
INTEREST EXPENSE	3,154
PROPERTY TAXES	819
TELEPHONE	690
INSURANCE	2,209
MEALS AND ENTERTAINMENT	9
MEETING EXPENSES	337
OFFICE EXPENSES	177
PROGRAM EXPENSES	18,172
Total	29,592

## PRIMARY EXEMPT PURPOSE

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending .
Name of Organization THE CAROLINA OUTREACH FOUNDATION	Employer Identification Number 20-3676000

### Primary Purpose

TO HELP EXPOSE IMPOVERISHED CHILDREN AND FAMILIES TO OPPORTUNITIES THAT WILL INCREASE THEIR SELF-SUFFICIENCY AND OFFER AN ALTERNATIVE TO THE CYCLE OF POVERTY, SUBSTANCE ABUSE, AND GANG ACTIVITY THAT IS PREVALENT IN SOME NEIGHBORHOODS THAT WE SERVE.

## PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
Name of Organization THE CAROLINA OUTREACH FOUNDATION	Employer Identification Number 20-3676000

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	54,082
Exempt Purpose Achievements			

WE PROVIDED DIRECT FINANCIAL ASSISTANCE TO CLIENTS AND THEIR FAMILIES, WHICH ALLOWED FAMILIES TO REMAIN IN STABLE HOUSING, COVER UTILITY BILLS, RECOVER FROM DISASTERS (FIRE), ETC. WE PROVIDED SCHOLARSHIPS THAT ENABLED NUMEROUS CLIENTS TO ENGAGE IN PRO-SOCIAL RECREATIONAL ACTIVITIES, SUCH AS SUMMER CAMPS, ART CLASSES, AND SPORTS TEAMS. WE SPONSORED A CLIENT FOR VOCATIONAL INTERNSHIP WITH A LOCAL BUSINESS, WHERE HE LEARNED JOB SKILLS TO HELP HIM BECOME A SUCCESSFUL EMPLOYEE. WE PURCHASED A 2ND HOME THAT OFFERS TRANSITIONAL HOUSING FOR YOUTH WHO ARE HOMELESS. WE HAVE ALSO PROVIDED SIX UNEMPLOYED YOUNG ADULTS WITH VOCATIONAL TRAINING IN THE BUILDING TRADES AT OUR NEW HOUSE, THROUGH CONTRACTS WITH LOCAL TRADESMEN. FINALLY, THE BOARD HAS RECRUITED THREE NEW MEMBERS.

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 7: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending			
Name of Organization THE CAROLINA OUTREACH FOUNDATION			Employer Identification Number 20-3676000	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
THOMAS REID 120 HILLSPRING LANE CHAPEL HILL, NC 27516	CHAIRMAN OF BOARD	0	0	0
TIM BROOKS 4022 FORRESTDALE DRIVE DURHAM, NC 27712	BOARD MEMBER	0	0	0
TIFFANY ELDER 3509 RAWDON DRIVE DURHAM, NC 27713	BOARD MEMBER	0	0	0
RENEE WHITE 2000 PATHWAY DRIVE CHAPEL HILL, NC 27516	BOARD MEMBER	0	0	0
WENDY HILLIS 1516 NORTH DUKE STREET DURHAM, NC 27701	BOARD MEMBER	0	0	0
RACHEL GROSS 211 EAST PEACE STREET - APT. 1 RALEIGH, NC 27604	BOARD MEMBER	0	0	0
MIKE RILEY 2412 OXFORD ROAD RALEIGH, NC 27608	BOARD MEMBER	0	0	0
ROGER LASSITER 111 KINGSMILL ROAD CARY, NC 27511	BOARD MEMBER	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 8 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
Name of Organization THE CAROLINA OUTREACH FOUNDATION	Employer Identification Number 20-3676000
Part V - Line 42a	

Individual Name . . . . . TIMOTHY H. BROOKS  
or  
Business Name:

Street Address . . . . . 2670 DURHAM CHAPEL HILL BLVD.

U S. Address:

Zip code 27707 City DURHAM State NC  
or

Foreign Address

City . . . . .

Province or State . . . . .

Country . . . . .

Postal code . . . . .

Phone Number . . . . . (919) 251-9001

Fax Number . . . . .

# **Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

**2009**Attachment  
Sequence No **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THE CAROLINA OUTREACH FOUNDATION FOR FORM 990-EZ LINE 14

20-3676000

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions). . . . .	3	\$800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	250,000
6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7. . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	17	2,984
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .		

**Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property	SEE STATEMENT					761
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	05-2009	54,108	39 yrs	MM	S/L	868
				MM	S/L	

**Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions . . . . .	22	4,613
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)



**15-YEAR ASSETS PLACED IN SERVICE DURING 2009  
USING GENERAL DEPRECIATION SYSTEM**

THE CAROLINA OUTREACH FOUNDATION  
20-3676000

19e Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
BLDG IMPRO 706	07-01-2009	9,234	15	HY	150 DB	462
HEAT PUMP - 5322	01-14-2009	5,975	15	HY	150 DB	299
Total						761

## ELECTION NOT TO DEDUCT 50% SPECIAL DEPRECIATION ALLOWANCE

THE CAROLINA OUTREACH FOUNDATION

20-3676000

Taxpayer elects under IRC Sec 168(k)(2)(C)(iii) to not claim the additional 50% first-year special depreciation allowance for the following classes of property placed in service during the tax year ended DECEMBER 31, 2009

3-YEAR PROPERTY

5-YEAR PROPERTY

7-YEAR PROPERTY

10-YEAR PROPERTY

15-YEAR PROPERTY

20-YEAR PROPERTY

WATER UTILITY PROPERTY

DEPRECIABLE COMPUTER SOFTWARE

QUALIFIED LEASEHOLD IMPROVEMENT PROPERTY

**2009 ADDITIONAL DETAIL STATEMENTS**

THE CAROLINA OUTREACH FOUNDATION  
20-3676000

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FORM 990-EZ PG 1 LINE 14 DETAIL STATEMENT

FORM 4562

4,613