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Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 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.

A For the 2009 calendar year, or tax year beginning , and ending											
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">C Name of organization R.A.D.D., INC</td> <td style="width:35%;">D Employer identification number 56-1084632</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number (252) 522-2814</td> </tr> <tr> <td>PO BOX 1677</td> <td></td> </tr> <tr> <td>City, town, or country State ZIP + 4</td> <td>F Group Exemption Number ▶</td> </tr> <tr> <td>KINSTON NC 28503-1677</td> <td></td> </tr> </table>	C Name of organization R.A.D.D., INC	D Employer identification number 56-1084632	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone number (252) 522-2814	PO BOX 1677		City, town, or country State ZIP + 4	F Group Exemption Number ▶	KINSTON NC 28503-1677	
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City, town, or country State ZIP + 4	F Group Exemption Number ▶										
KINSTON NC 28503-1677											

• **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) ▶

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

I Website: ▶

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

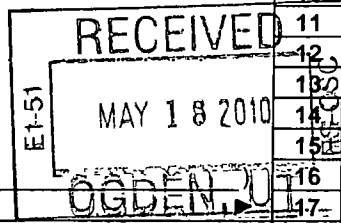
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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 ▶ \$ 34,714

SCANNED JUL 06 2010 Revenue

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

	1 Contributions, gifts, grants, and similar amounts received			31,575
	2 Program service revenue including government fees and contracts			341
	3 Membership dues and assessments			1,960
	4 Investment income			259
	5a Gross amount from sale of assets other than inventory	5a	0	
	b Less cost or other basis and sales expenses	5b	0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c 0
	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 \$ 0 of contributions reported on line 1)	6a	0	
	b Less direct expenses other than fundraising expenses	6b	0	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c 0
	7a Gross sales of inventory, less returns and allowances	7a	450	
	b Less cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c 450
	8 Other revenue (describe ▶ SALES TAX REFUNDS.OTHER)			8 129
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9 34,714
	10 Grants and similar amounts paid (attach schedule)			10 0
Expenses	11 Benefits paid to or for members			11 0
	12 Salaries, other compensation, and employee benefits			12 18,124
	13 Professional fees and other payments to independent contractors			13 850
	14 Occupancy, rent, utilities, and maintenance			14 732
	15 Printing, publications, postage, and shipping			15 892
	16 Other expenses (describe ▶ See Attached Statement)			16 7,192
	17 Total expenses. Add lines 10 through 16			17 27,790
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18 6,924
	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 3,840
	20 Other changes in net assets or fund balances (attach explanation)			20 0
	21 Net assets or fund balances at end of year Combine lines 18 through 20			21 10,764



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	3,840	22	10,764
23	Land and buildings		23	
24	Other assets (describe ▶)	0	24	0
25	Total assets	3,840	25	10,764
26	Total liabilities (describe ▶)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,840	27	10,764

4
69

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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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		
35a	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?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	a 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?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		0
39	Section 501(c)(7) organizations Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	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		X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	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.		X
41	List the states with which a copy of this return is filed ▶ NONE REQUIRED		
42a	a The organization's books are in care of ▶ <u>NANCY WHITE</u> Telephone no ▶ <u>(252) 527-5907</u> Located at ▶ <u>5489 HWY 70</u> City <u>DOVER</u> ST <u>NC</u> ZIP + 4 ▶ <u>28526</u>		
42b	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.	Yes	No
42c	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: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		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

	Yes	No
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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49 a 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?		

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
Name None City ST ZIP	Title Hr/WK	.00	0	0
Name City ST ZIP	Title Hr/WK	.00	0	0
Name City ST ZIP	Title Hr/WK	00	0	0
Name City ST ZIP	Title Hr/WK	00	0	0
Name City ST ZIP	Title Hr/WK	.00	0	0

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
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

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

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: Rande Mooleenaar Date: 5/13/10
 Type or print name and title: RANDE MOOLEENAAR EXECUTIVE DIRECTOR

Paid Preparer's Use Only
 Preparer's signature: [Signature] Date: 5/10/2010 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: JEFF HALE, CPA, P.A. PO BOX 1298, KINSTON, NC 28503 Preparer's identifying number (See instructions): 244-92-6401
 EIN: 56-1529965 Phone no: (252) 523-9061

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
R.A.D.D., INC

Employer identification number
56-1084632

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	21,939	25,272	28,166	23,991	34,455	133,823
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	21,939	25,272	28,166	23,991	34,455	133,823
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						133,823

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	21,939	25,272	28,166	23,991	34,455	133,823
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	162	344	182	-345	259	602
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	285	115	371	136		907
11 Total support. Add lines 7 through 10						135,332

12 Gross receipts from related activities, etc (see instructions) **12**13 **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**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.88%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.63%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

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. ▶

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information See instructions

Area with horizontal dashed lines for supplemental information.

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	1,825
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	4,760
7	Associated organization contributions	7	
8		8	24,990
9		9	
10		10	
11	Total	11	31,575

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	9
2	Dividends and interest from securities	2	250
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	259

R.A.D.D., Inc.
KINSTON, NORTH CAROLINA
STATEMENT OF SUPPORT, REVENUES, AND EXPENSES AND CHANGE IN FUND BALANCE
FOR THE YEAR ENDED DECEMBER 31, 2009

	Current Funds	
	<u>Operating</u>	<u>Restricted</u>
Public Support and Revenues:		
Public Support:		
Contributions/Grants	\$ 24,990	
Special Event	1,825	
	4,760	
Revenues:		
Sale of T-Shirts	450	
Investment Earnings (Loss)	9	\$ 250
Activity Program Fees	341	
Other/Refunds	129	
Membership Dues	1,960	
Total Public Support and Revenue	<u>\$ 34,464</u>	<u>\$ 250</u>
Expenses:		
Program Services	\$ 23,220	
Fundraising Expenses	0	
Management and General	4,570	
Total Expenses	<u>\$ 27,790</u>	<u>\$ 0</u>
Excess (deficiency) of Public Support and Revenue over Expenses	<u>\$ 6,674</u>	<u>\$ 250</u>
Fund Balance, Beginning	<u>\$ 601</u>	<u>\$ 3,239</u>
Fund Balance, Ending	<u>\$ 7,275</u>	<u>\$ 3,489</u>

(See accompanying notes and accountant's report)

Part I, Line 8 (990-EZ) - Other Revenue

129

Description		Amount
1	SALES TAX REFUNDS.OTHER	129
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part I, Line 16 (990-EZ) - Other Expenses

	7,192
1 Travel	1 353
2 Meals and entertainment	2
3 Fundraising	3
4 Amortization	4 0
5 Conferences, conventions, and meetings	5
6 Depreciation	6 0
7 Depletion	7
8 Equipment rental and maintenance	8
9 Interest	9
10 Supplies	10 938
11 Telephone	11 1,149
12 Unrelated business income taxes	12 0
13 ACTIVITY FOOD	13 132
14 INSURANCE, BONDS, LICENSES	14 2,586
15 VARIOUS	15 702
16 SPECIAL ASSISTANCE	16 1,027
17 DUES	17 305
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28

R.A.D.D., Inc.
KINSTON, NORTH CAROLINA
SCHEDULE OF FUNCTIONAL EXPENSES - OPERATING FUNDS
FOR THE YEAR ENDED DECEMBER 31, 2009

	<u>Fundraising Expenses</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Grand Total</u>
Salaries		\$ 15,200	\$ 800	\$ 16,000
Payroll Taxes/Benefits		2,018	106	2,124
Equipment/Maintenance			9	9
Postage/Shipping		285	285	570
Activity Food		132		132
Telephone		575	574	1,149
Utilities		361	362	723
Insurance, Bonds, & Licenses		1,307	1,279	2,586
Printing/Publications		322		322
Professional Fees/Services			850	850
Other Supplies		938		938
Various		702		702
Travel/Transportation		353		353
Special Assistance		1,027		1,027
Organization Dues			305	305
	<u>\$ 0</u>	<u>\$ 23,220</u>	<u>\$ 4,570</u>	<u>\$ 27,790</u>

See accompanying notes and accountant's report

R.A.D.D., Inc.
KINSTON, NORTH CAROLINA
BALANCE SHEET
AS OF DECEMBER 31, 2009

	<u>Assets</u>		
	<u>Operating</u>	<u>Restricted</u>	
Current Assets:			
Cash in Bank			
General Operating - Checking	\$ 7,652	\$ 0	\$ 7,652
Savings	956	720	1,676
Investments	0	1,436	1,436
Total Cash in Bank	<u>\$ 8,608</u>	<u>\$ 2,156</u>	<u>\$ 10,764</u>
Fixed Assets:			
Equipment	\$ 6,740	\$ 1,103	\$ 7,843
Less: Accumulated Depreciation	<u>6,740</u>	<u>1,103</u>	<u>7,843</u>
Net Fixed Assets	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
Total Assets	<u>\$ 8,608</u>	<u>\$ 2,156</u>	<u>\$ 10,764</u>
	<u>Liabilities and Fund Balances</u>		
Liabilities:			
Inter Fund Transfers	\$ 1,333	(\$ 1,333)	\$ 0
Total Liabilities	<u>\$ 1,333</u>	<u>(\$ 1,333)</u>	<u>\$ 0</u>
Fund Balances:			
Net Investment in Fixed Assets	\$ 0	\$ 0	\$ 0
Available for Operations	<u>7,275</u>	<u>3,489</u>	<u>10,764</u>
Total Fund Balance	<u>\$ 7,275</u>	<u>\$ 3,489</u>	<u>\$ 10,764</u>
Total Liabilities and Fund Balances	<u>\$ 8,608</u>	<u>\$ 2,156</u>	<u>\$ 10,764</u>

(See accompanying notes and accountant's report)