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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)

OMB No 1545-0047

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

Open to Public Inspection

A F	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	
B c	heck if pplicable	Please use IRS	D Employer identific	ation number
	Addres change	s label or CAROLINA FOR KIBERA, INC.	56 2	248495
<u> </u>	Name change			
	Termin eted	Instruction of the Company of the Co		150-8467 KI
e	Amend	ed tions City or town, state or country, and ZIP + 4	G Gross receipts \$	1,104,521.
	Application	CHAPEL HILL, NC 27599	H(a) Is this a group re	turn
	ı pendin	F Name and address of principal officer: LEANN BANKOSKI	for affiliates?	Yes X No
	•	SAME AS C ABOVE	H(b) Are all affiliates incl	
	<del></del>			list. (see instructions)
		e: ► CFK.UNC.EDU	H(c) Group exemption	
Kaf	orm of		ar of formation 2001 M	State of legal domicile NC
	2 (3   4   5   6   7a   b	Summary		
ĕ	1 1	Briefly describe the organization's mission or most significant activities: ${{ m TO} \ \ { m PROMOT}}$	E YOUTH LEAD	ERSHIP AND
auc	] ]	ETHNIC AND GENDER COOPERATION IN KIBERA, A SL		
Ę	2 (	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of mo	ore than 25% of its net as	sets.
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	10
9	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
Ş	5 -	Total number of employees (Part V, line 2a)	5	0
ij	6 -	Total number of volunteers (estimate if necessary)	6	10
흕	7a -	Fotal gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
4	b	Net unrelated business taxable income from Form 990-T, line 34	7ь	0.
			Prior Year	Current Year
	8 (	Contributions and grants (Part VIII, line 1h)	366,351.	1,057,714.
Revenue	l	Program service revenue (Part VIII, line 2g)	1,136.	836.
Ş	l	4	19,572.	45,505.
æ	l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	13/3/20	13/3030
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	387,059.	1,104,055.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	199,408.	429,757.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	133,400.	427/1316
	l	Benefits paid to or for members (Part IX, column (A), line 4)	10,115.	44,972.
ses	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,113.	44,312.
Expenses	l	Professional fundraising fees (Part IX, column (A), line 11e)		······································
χ		Fotal fundraising expenses (Part IX, column (D), line 25)	22 420	150 055
ш	ı	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	33,439.	150,055.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column 体位で2年IVED	242,962.	624,784.
	19	Revenue less expenses. Subtract line 18 from line 12	144,097.	479,271.
Net Assets or Fund Balances		(T   NEC 1 II 2011   13 T	Beginning of Current Year	End of Year
alar	20	Fotal assets (Part X, line 16)	1,926,301.	2,425,356.
t As	21	Fotal liabilities (Part X, line 26)		
2년	22	Net assets or fund balances. Subtract line 21 from line 20 6666 UT	1,926,301.	2,425,356.
Pε	ırt II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	s, and to the best of my knowledg	ge and belief, it is true, correct,
		and complete declaration of preparer (onto man specify is stated in an information of minor preparer (onto man specify is stated in an information of minor preparer).		
Sign	n	N X INA M Day Isol 9	1 12/10	/10
Her	i	Signature of officer	Date	7 '
	_	LEANN BANKOSKI, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Prenarer's Date		er's identifying number
Paid			self- employed	tructions)
Prep	arer's	Firm's name (or ROBERSON CPA FIRM, PLLC	EIN ► -1	
Use	Only	yours if self-employed). 1904 FRONT STREET, SUITE 420	CIN P	
		address, and DIDITAM NO 2770E	Phone no	919)383-0441
	. ab = 15	ZIP+4 DURHAM, NC 27705  St discuss this return with the preparer shown above? (see instructions)	Tritolio no 👂	X Yes No
na at	, inc it			

Form **990** (2009)

	rt III Statement o		Accomplishments	30-22.	1019-5- Fage 2
			Accomplishments		•
1	Briefly describe the or		CUITO AND EMUNITO AND	CENDED COODEDAMION	TAT
					IN
				OUGH SPORTS, YOUNG WO	OMEN'S
	EMPOWERMENT	AND COMMUNI	TY DEVELOPMENT.		
2	Did the organization up	ndertake any significant	program services during the year which	ch were not listed on	
	the prior Form 990 or 9		,		Yes X No
	·	e new services on Sche	odula O		
_	•				Yes X No
3			ke significant changes in how it conduc	cts, any program services?	Yes _A_No
		e changes on Schedule			
4	Describe the exempt p	ourpose achievements f	or each of the organization's three large	est program services by expenses.	
	Section 501(c)(3) and	501(c)(4) organizations	and section 4947(a)(1) trusts are require	ed to report the amount of grants and	
			revenue, if any, for each program service		
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
42	/Codo:	) (Expenses \$	564,812. including grants of \$	429,757.)(Revenue\$	0.)
4a	(Code:		TC VOLUME COOPER AC	Hevenue \$	
				SOCIATION, AND ALL	
			LUM OF NAIROBI, KENY	A. ALL PROGRAMS ADI	MINISTERED
	BY CFK-KENY	A			
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	/O	\ /F A	ll	\	
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
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4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
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4d		s. (Describe in Schedul	•		
4d	Other program service (Expenses \$	•	g grants of \$ ) (F	Revenue \$	
4d 4e		including	•	Revenue \$ )	Form <b>990</b> (2009)

		of Required	

1 is the organization described in section 501(s)(3) or 4947(x)(1) (other than a private foundation)?  1				Yes	No
2 Is the organization required to complete Schedule B, Schedule G Contributions?  Dot the organization again of meter or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  Section 501(c)(3) organizations. Did the organization angage in lobbying activities? If "Yes," complete Schedule C, Part II  Section 501(c)(3) organizations. Did the organization angage in lobbying activities? If "Yes," complete Schedule C, Part II  Section 501(c)(3) organizations. Did the organization and a property tax? If "Yes," complete Schedule C, Part II  Did the organization mandam any donor advated funds or any similar funds or accounts where 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 II  Did the organization mandam collections of works of art, instorical treasures, or other similar assets? If "Yes," complete Schedule D, Part II  Did the organization mandam in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide oredit consending, debt management, credit repair, or debt neglitation services? If "Yes," complete Schedule D, Part IV  Did the organization insport an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X II  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X II  Did the organization report an amount for other labilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, III  Did the organization report an amount for other labilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, III  Did the org	1		1.2		
3					
public office? If "Yes," completes Schedule C, Part I Section 501(c)(3) organizations. Did the organization is the organization subject to the section 603(s) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  Did the organization mannta may donor advised funds or any sumfair funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where 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 II Did the organization maintan collections of works of art, instorical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide receit courseling, debt imanagement, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization's answer to any of the following questions "Yes?" If so, complete Schedule D, Part IV  Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - chher securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, IV  Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IV  Did the organization separate, independent audited financial statements for the tax year?		÷	2	X	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If I*Ves,* complete Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(c) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 10 bid the organization maintain any donor advised funds or any similar funds or accounts? If I*Ves,* complete Schedule D, Part II 7 10 bid 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 11 bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,* complete Schedule D, Part IV 8 12 bid the organization report an amount in Part X, line 21; 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 12 bid the organization and the part Y 11 bid to the organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization and the part Y 11 bid to debt organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16 If I*Yes,* complete Schedule D, Part X 11 bid the organization report and part Y 11 b	3				v
Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where 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 II  Did the organization report on investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide acredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization is answer to any of the following questions "Yes"? If so, complete Schedule D, Part IV III is the organization is answer to any of the following questions "Yes"? If so, complete Schedule D, Part IV III is the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV III IX assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVI.  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVI.  Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X.  Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X.  Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X.  Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its t					
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Schedule D, Part III  Did the organization report an amount in Part X, line 21; 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  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable  Did the organization is answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 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 13 that is 5% or more 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 25° If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year "If "Yes," complete Schedule D, Part X, IX, and XIII.  13 Is the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IX, IX, and XIII.  14 If Yes," completing Schedule D, Parts XI, XII, and XIII. In the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, IX, and XIII is optional  15 Is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI, XII, IX, IX, IX, IX, IX, IX, IX, IX	Ω	·	<b>-</b>		
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credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V  11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable  11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  13 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  14 Did the organization report an amount for other lassets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  15 Did the organization report an amount for other lassets in Part X, line 25? If "Yes," complete Schedule D, Part X.  16 Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year?  17 Did the organization included in consolidated, independent audited financial statements for the tax year?  18 Did the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X.  19 Did the organization maintain an office, employees, or agents outside of the United States?  10 Did the organization maintain an office, employees, or agents outside of the United States?  10 Did the organization report and that is the part that \$1,000 of gones are not your organization or anothy of the part that the United Stat	a			ļ	
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	. •		19		Х
	20	·	-		
			Form	990 (	2009)

Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X 22 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 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 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 Х 24a Schedule K. If "No", go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 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 Х 25a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х 27 Schedule L. Part III 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): Х 28a 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 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was Х an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29

If "Yes," complete Schedule N, Part I

Did the organization liquidate, terminate, or dissolve and cease operations?

contributions? If "Yes," complete Schedule M

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R. Part V. line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.

Form **990** (2009)

Х

Х

X

X

Х

X

X

X

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 $\frac{1241}{32}$ 

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CAROLINA FOR KIBERA, INC. 56-2248495 Form 990 (2009) Stàtements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1h c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Х 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b b If "Yes," has it filed a Form 990.T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е benefit contract? **7**f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 8 at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9ь b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

> 11a 11b

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009)

12a

CAROLINA FOR KIBERA, Form 990 (2009) Part VI 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. Section A. Governing Body and Management

			Yes	No
12	Enter the number of voting members of the governing body		162	140
ь	Enter the number of voting members of the governing body  Enter the number of voting members that are independent  1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	i l		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<u> </u>	X
4 5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
	Does the organization have members of stockholders, or other persons who may elect one or more members of the			
<i>1</i> a		7a		Х
_	governing body?  Are any decisions of the appropriate hody subject to approval by members, stockholders, or other persons?	7b		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year	7.0		
8		l !		
_	by the following:	0-	Х	
_	The governing body?	8a 8b		Х
ь	Each committee with authority to act on behalf of the governing body?	OD		A
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
40-	Describe a second to the secon	10a	res	X
	Does the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	40h		
	and branches to ensure their operations are consistent with those of the organization?	10b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<del>                                     </del>		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100	Х	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	A	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b	х	
	to conflicts?	120	<u> </u>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	x	
40	In Schedule O how this is done	13	X	
13	Does the organization have a written whistleblower policy?	14	X	
14	Does the organization have a written document retention and destruction policy?		-	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1.4.		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	х	
a	The organization's CEO, Executive Director, or top management official		- 11	Х
ь	Other officers or key employees of the organization	15b		
46	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 with a	10-		Х
	taxable entity during the year?	16a		
Þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	106		
<u> </u>	exempt status with respect to such arrangements?	16b	<u>.                                    </u>	
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
17	List the states with which a copy of this form occitionate as most			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	Ю		
	public inspection. Indicate how you make these available. Check all that apply.	٠, ١		
	Own website Another's website X Upon request		امرمما	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	io ima		
	statements available to the public.	h		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	uon: 🕨		
	LEANN BANKOSKI - 919-962-6362 301 PITTSBORO ST. SUITE 3014, CHAPEL HILL, NC 27599		-	
	301 PITTSBORO ST. SUITE 3014, CHAPEL HILL, NC 27599		990	(2000)
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2009.04010 CAROLINA FOR KIBERA, INC.

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated 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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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.

(A)	(B)	,	iii Cri		) )	, 0	,,,,,	(D)	(E)	(F)
Name and Title	Average hours	(cl		Pos all	ition		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
KIMBERLY PAGE										
BOARD MEMBER	5.00	X		<u> </u>	_			0.	0.	0.
DR. JENNIFER COFFMAN	10.00									•
CHAIR	10.00	X	<u> </u>	X				0.	0.	0.
DR. ALAN CROSS	1 00	, ,							^	^
BOARD MEMBER	1.00	X	<u> </u>	├	_	<u> </u>		0.	0.	0.
ESTEBAN MCMAHAN	2 00	Ų,						0.	0.	0.
BOARD MEMBER	2.00	X		1	-			ļ <u>U.</u>		0.
BEN MSHILA BOARD MEMBER	2.00	Х			ļ			0.	0.	0.
RYE BARCOTT	2.00	^	├	-		1	-	<del>                                     </del>		<u> </u>
TREASURER	15.00	X		X				0.	0.	0.
LEANN BANKOSKI	13.00	1	-	<u> </u>	<del> </del> —	$\vdash$				
EXECUTIVE DIRECTOR	40.00	X						31,700.	15,300.	10,136.
DR. NIKLAUS STEINER	-			T		<del>                                     </del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		··•
VICE CHAIR	10.00	X		X				0.	0.	0.
BETH-ANN KUTCHMA										
SECRETARY	10.00	X		X	ļ			0.	0.	0.
BRETT BULLINGTON										
BOARD MEMBER	5.00	X		<u>.</u>			L.	0.	0.	0.
ZACH CLAYTON										i.
BOARD MEMBER	5.00	X	$\vdash$	-	-	-	-	0.	0.	0.
			_	-	_	-				
		_		_			_			
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		<del>                                     </del>			-		-			
		1	_	1_	L.			<u> </u>	<u> </u>	Form <b>990</b> (2009)

Form 990 (2009)

. 401	T VIII Section A. Officers, Directors, T		mple	oyee			nıgh	est	i -		Т	3	<b>/</b> C	
	<b>(A)</b> Name and title	(B)			ر) Pos	C)	_		(D)	(E)		Г	(F)	
	Name and the	Average hours per					app	ly)	Reportable compensation from	Reportable compensation from related		am	timate ount o other	
		week	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	3	comp fro orga and	pensa om the anizati I relate nizatio	e Ion ed
			<del> </del>											
			1											
				_			-							
	<b>*</b>			<u> </u>	<u></u>				31,700.	15,30	10		), 1	36.
2	Total Total number of individuals (including but	not limited to t	hose	liste	ed al	bov		no re		· · · · · · · · · · · · · · · · · · ·		,	1.	30.
	compensation from the organization									•		ı	V [	0
3	Did the organization list any former office			e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on		• •	Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the	sum of reportab	ole c							the organization	-	3		X
5	and related organizations greater than \$1 Did any person listed on line 1a receive of									ices rendered to	ŀ	4		
C	the organization? If "Yes," complete Sche											5		Х
1	Complete this table for your five highest	compensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pensa	tion fi	rom	
	the organization. NONE  (A)  Name and busines	ss address							(B) Description of s	ervices	Co	(C	) nsatio	n .
								-						
		<del></del>												
							•				-			
2	Total number of independent contractors \$100,000 in compensation from the organ		not l	ımıte	d to		ose li 0	stec	d above) who received n	nore than		Ca 1	990 (	

,104,055.

11,868.

34,473.

Form 990 (2009)

e Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Total expenses		All other organizations must comple				
Organizations in the U.S. See Part IV, line 21   Caratis and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 15 and 16   429,757.   42		•	(A) Total expenses			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 27 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustess, and key employees 6 Compensation of current officers, directors, trustess, and key employees 7 Other salaries and wages 8 Penson plan contributions (include section 405(k)) and persons (as defined under section 4958(c)(3)(6) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) and ascition 403(k) employer contributions) 10 Legal 11 Fees for services (non-employees) and Anangement 12 Legal 13 Legal 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Insurance 12 Payments to affiliates 19 Conferences, conventions, and meetings 11 Insurance 12 Payments to affiliates 19 Payments to affiliates 19 Conferences, conventions, and meetings 10 Insurance 11 Insurance 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Insurance 11 Insurance 12 Payments to affiliates 13 Payments of travel or entertainment expenses for any federal, state, or local public officials 14 Information declerion, and amortization Insurance 15 Payments of travel or entertainment expenses for any federal, state, or local public officials 15 Conferences, conventions, and meetings 16 Insurance 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 16 Conferences, conventions, and meetings 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 17 Payments of travel or entertainment expenses for any federal, state, or loc	1	Grants and other assistance to governments and				
the U.S. See Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  429,757. 429,757.  429,757.  429,757. 429,757.  429,757. 429,757.  429,757.  429,757.  429,757.  429,757.  429,757.  429,757.  429,757.  429,757.  429,757.  429,757.  429,757.  429,757.  429,757.  429,757.  429,757.  42		organizations in the U.S. See Part IV, line 21				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  4 Benefits paid to or for members 5 Compensation of current officers, directors, trustess, and key employees 6 Compensation not included above, to disqualified persons (aschied under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other salanes and wages 8 Pension plan contributions (include section 401(k) and section 403(l) employer contributions) 9 Cher employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 12 Accounting 13 Lobbying 14 Information tenders (non-employees) 15 Investment management fees 16 Other 17 Travel 18 Royalties 19 Conferences 10 Cocupancy 11 Travel 19 Royanties 10 Cocupancy 11 Travel 10 Cocupancy 11 Forest of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings Information technology 11 Information technology 11 Royanties 10 Royanties 11 Ferror of travel or entertainment expenses for any federal, state, or local public officials 11 Royanties (Intrinsic spinused depths) and tabled inspections into the state of th	2	Grants and other assistance to individuals in				
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, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8)  7 Other salanes and wages  8 Pension plan contributions (include section 401(k) and section 403(p) employer contributions)  9 Other employee benefits  10 Payroli taxes  11 Fees for services (non-employees):  a Management  b Legal  c Accounting  d Lobbying  e Professional fundraising services See Part IV, line 17  f Investment management fees  g Other  2 Advertising and promotion  3 Office expenses  1 Coupancy  1 Travel  1 Coupancy  1 Travel  1 Coupancy  1 Travel 1 Travel 2 21, 695 2 20, 389 327 979  1 Payments of travel or entertainment expenses for any federal, state, or local public officials  1 Conferences, conventions, and meetings  1 Interest  2 Payments to affiliates  Depreciation, depletion, and amortization  1 Insurance  3 STUDENT FELL/OWSHIPS  429,757.  4		the U.S. See Part IV, line 22				
See Part IV, lines 15 and 16	3	Grants and other assistance to governments,				
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trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8)  7 Other salaries and wages  Pension plan contributions (include section 401(k) and section 403(r) employer contributions)  9 Other employee benefits  10 Payroll taxes  2,637. 2,109. 264. 264  11 Fees for services (non-employees):  a Management  b Legal  c Accounting  1 Lobbying  e Professional fundraising services See Parl IV, line 17 f Investment management fees  Other  2 Advertising and promotion  3 Office expenses  Office expenses  1 Information technology  1 Royalties  2 Cocupancy  1 Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest  1 Payments to affiliates  Depreciation, depletion, and amortization insurance  1 Payments of strate or expenses not covered above (Expenses grouped together and labeled misculaneous may not exceed 5% of total expenses shown on line 25 below)  a STUDENT FELL/DWSHTPS  ANNUAL REPORT  1 Oction 1 Payron 1 Payron 2	4	·				
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persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 2 , 637 . 2 , 109 . 264 . 264 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 11 flormation technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization laurance 11 Insurance 20 Other expenses Itemize expenses not covered above (Expenses grouped together and tabeled miscellaneous may not exceed 5% of 10dal expenses shown on line 25 below) a STUDENT FELLOWSHLPS b ANNUAL REPORT  20 ANNUAL REPORT 20	6	1				
7 Other salaries and wages   3,623.   2,899.   362.   362     8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   9 Other employee benefits   2,637.   2,109.   264.   264     10 Payroll taxes   2,637.   2,109.   264.   264     11 Fees for services (non-employees)    a Management   b Legal   6,200.   6,200.     c Accounting   11,095.   11,095.     d Lobbying   e Professional fundraising services See Part IV, line 17     f Investment management fees   3,158.   3,158.     g Other   2,910.   2,910.     12 Advertising and promotion   2,910.   2,910.     13 Office expenses   2,910.   2,910.     14 Information technology   1,508.   754.   754.     15 Royalites   21,695.   20,389.   327.   979     16 Occupancy   1,750.   875.   875.     17 Travel   1,750.   875.   875.     18 Payments of travel or entertainment expenses for any federal, state, or local public officials   2,068.   1,195.     10 Interest   1,195.   1,195.     10 Payments to affiliates   1,195.   1,195.     10 Payments to affiliates   1,195.   1,195.     10 Payments to affiliates   1,297.   2,574.   7,723.     10 Payments of travel or entertainment expenses for any federal, state, or local public officials   1,297.   2,574.   7,723.     10 Payments of travel or entertainment expenses for any federal, state, or local public officials   1,295.   565.     10 Payments to affiliates   1,295.   565.   565.     10 Payments of affiliates   1,297.   2,574.   7,723.     20 Payments of affiliates   1,297.   2,574.   7,723.     20 Payments of travel or entertainment expenses for several depletion, and amortization   1,297.   2,574.   7,723.     20 Payments of travel or entertainment expenses for several depletion, and amortization   1,297.   2,574.   7,723.     20 Payments of travel or entertainment expenses   1,295.   2,268.   2,068.						
8 Pension plan contributions (include section 401(k) and section 403(k) employer contributions) 9 Other employee benefits 10 Payroli taxes 11 Fees for services (non-employees) 12 Accounting 13 Lobbying 14 Professional fundraising services See Part IV, line 17 Investment management fees 15 Other 16 Office expenses 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings interest 10 Payroli taxes 2, 637. 2, 109. 264. 264 264. 264 265. 200. 6, 200. 6, 200. 200. 200. 200. 200. 200. 200. 200	_		3 623	2 899	362	362
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Cither	_		3,158.	3,158.		
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13 Office expenses	_	r				
14 Information technology         15 Royalites         16 Occupancy       1,508.       754.       754.         17 Travel       21,695.       20,389.       327.       979         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       1,750.       875.       875.         19 Conferences, conventions, and meetings       1,750.       875.       875.         20 Interest       2 Depreciation, depletion, and amortization insurance       1,195.       1,195.         23 Insurance       565.       565.         24 Other expenses ltemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)       61,050.       61,050.         a STUDENT FELIOWSHIPS       61,050.       61,050.       7,723         b ANNUAL REPORT       10,297.       2,574.       7,723         20 CRIAGE AS ALLED FINE       2,068.       2,068.       2,068.       2,068.		- · ·	2,910.		2,910.	
1,508. 754. 754.  17 Travel 21,695. 20,389. 327. 979  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Interest 21 Payments to affiliates  21 Depreciation, depletion, and amortization Insurance 32 Insurance 34 Other expenses itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  23 STUDENT FELLOWSHIPS 61,050. 61,050. 61,050. 7,723  24 ANNUAL REPORT 10,297. 2,574. 7,723						
17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a STUDENT FELLOWSHIPS  b ANNUAL REPORT  10,297. 2,574. 7,723	15	Royalties				<u></u> ,
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Interest  Payments to affiliates  Depreciation, depletion, and amortization  Insurance  Other expenses ltemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  STUDENT FELLOWSHIPS  ANNUAL REPORT  DOCUMENT STUDENT STATE S		for any federal, state, or local public officials				
Payments to affiliates  Depreciation, depletion, and amortization  1,195. 1,195.  Insurance 565. 565.  Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  STUDENT FELLOWSHIPS 61,050. 61,050.  ANNUAL REPORT 10,297. 2,574. 7,723	19	Conferences, conventions, and meetings	1,750.	875.	875.	
Depreciation, depletion, and amortization  1,195.  1,195.  1,195.  Other expenses ltemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a STUDENT FELLOWSHIPS ANNUAL REPORT  DOCUMENT OF SCHIPPING  2,068  2,068  1,195.  1,195.  565.  565.  565.  7,723	20	Interest				
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24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a STUDENT FELLOWSHIPS b ANNUAL REPORT 10,297. 2,574. 7,723	22	Depreciation, depletion, and amortization				
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a STUDENT FELLOWSHIPS 61,050. 61,050. 7,723 b ANNUAL REPORT 10,297. 2,574. 7,723	24	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total			,	
b ANNUAL REPORT 10,297. 2,574. 7,723	2		61,050.	61,050.		
POSTACE 6 SHIPPING 9 272 4 136 2 068 2 068				2,574.		7,723.
	c	POSTAGE & SHIPPING	8,272.		2,068.	2,068.
d OUTSIDE CONTRACT SERVIC 7,910. 7,910.						
e FUNDRAISING EVENTS 5,896. 5,896						5,896.
f All other expenses 6,554. 4,381. 1,695. 478	_					478.
25 Total functional expenses. Add lines 1 through 24f 624, 784. 564, 812. 38, 331. 21, 641		· -		564,812.	38,331.	21,641.
26 Joint costs. Check here  if following						
SOP 98-2 Complete this line only if the organization		-				
reported in column (B) joint costs from a combined		· · · · · · · · · · · · · · · · · · ·				
educational campaign and fundraising solicitation						Form <b>990</b> (2009)

17341122 790372 1241

Form 990 (2009)

Pa	rt X	Balance Sheet				
				(A) Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing		1,050,915.	1	26,210.
	2	Savings and temporary cash investments		103,917.	2	1,484,690.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key			· · · · · · · · · · · · · · · · · · ·
		employees, and highest compensated employee	es. Complete Part II			,
		of Schedule L			5	<i>'</i>
	6	Receivables from other disqualified persons (as	defined under section			
	i	4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete			
		Part II of Schedule L			6	
ţ	7	Notes and loans receivable, net			7	<del></del>
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment. cost or other				
		basis. Complete Part VI of Schedule D	10a 2,159. 10b 346.			
	ь	Less: accumulated depreciation	10b 346.		10c	1,813. 912,643.
	11	Investments - publicly traded securities		768,910.	11	912,643.
	12	Investments · other securities See Part IV, line	11		12	
	13	Investments · program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	1 006 201	15	2 425 256	
	16	Total assets. Add lines 1 through 15 (must equ	1,926,301.	16	2,425,356.	
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18	1,50	
	19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·	
	20	Tax-exempt bond liabilities		20		
ies	21	Escrow or custodial account liability. Complete		21		
Liabilities	22	Payables to current and former officers, director				
Lia		highest compensated employees, and disqualifi	ed persons. Complete Part II		00	
	00	of Schedule L	-41 4b :1		22	
	23	Secured mortgages and notes payable to unrela			24	
	24	Unsecured notes and loans payable to unrelate	d third parties		25	
	25 26	Other liabilities. Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25		0.		0.
	20	Organizations that follow SFAS 117, check he	are X and complete	<u> </u>	20	
(A		lines 27 through 29, and lines 33 and 34.	ere P 111 and complete			
Ö	27	Unrestricted net assets		255,074.	27	445,689.
<u>ala</u> r	28	Temporarily restricted net assets		716,311.	28	932,116.
Ä	29	Permanently restricted net assets		954,916.	29	1,047,551.
Š	-3	Organizations that do not follow SFAS 117, c	heck here			
7.		complete lines 30 through 34.				
ţ	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed			31	
ΪĀ	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		1,926,301.		2,425,356.
	34	Total liabilities and net assets/fund balances	•	1,926,301.		2,425,356.
					LIC	Form <b>990</b> (2009)
					1-19	, ,

-2-

Form	990 (2009) CAROLINA FOR KIBERA, INC.	5.6-2248495	Pa	ge <b>12</b>
Par	t XI Financial Statements and Reporting	, 3		
			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
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
c	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	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	I on a		
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt		
	Act and OMB Circular A-133?	3a		<u>X</u>
b	If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		

Form **990** (2009)

#### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of t	the organizati	on						E	mployer id	lentification	on nur	mber
		CAROLIN	A FOR KIBERA	A, INC	•				56	-2248	495	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu:	st complet	e this part	.) See inst	ructions.				
The organ	ization is not a	private foundation l	because it is: (For lines	1 through 1	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of chur	ches desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2 🗀	A school des	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospit	tal service organization (	described i	ın <b>section</b>	170(b)(1)(	(A)(iii).					
4	A medical res	search organization o	operated in conjunction	with a hos	pıtal desci	ıbed ın <b>se</b>	ction 170	(b)(1)(A)(	iii). Enter th	e hospital'	s nam	e,
	city, and stat	e:		····								
5 🔲	An organizati	on operated for the	benefit of a college or ui	niversity ov	wned or op	erated by	a governr	mental ur	nt described	n b		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ite, or local governme	ent or governmental uni	t described	d in sectio	n 170(b)(1	)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from th	e general pı	ublic descr	ıbed ır	n
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembersh	iip fees, and	d gross rec	eipts f	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain exception	ons, and (2	2) no more	than 33 1	/3% of it	s support fr	om gross i	nvesti	ment
	income and i	unrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	cquired b	y the org	anızatıon af	ter June 30	0, 197	5.
	See section	<b>509(a)(2).</b> (Complete	e Part III.)									
10	_		perated exclusively to te	-	-							
11	-		perated exclusively for the									or
		• • •	ations described in secti		•		2). See <b>se</b> c	tion 509	(a)(3). Chec	k the box	that	
			organization and compl							ligati		
	a L Type I		• •	с 🗀 Тур		-	_			C Type		_
e			t the organization is not									ก
		•	han one or more publicl						19(a)(1) or se	ection 509	(a)(2).	
f			ten determination from	the IRS tha	atitisa iy	pe I, Type	II, or Type	<b>≩</b>				
		rganization, check th				f	- f Al f - !!					ш
9			organization accepted ar							[	Yes	No
			irectly controls, either a	ione or tog	etner with	persons c	escribed	in (ii) and	(III) Delow,	11g(i)	162	140
	_	- ·	upported organization?	,						11g(ii)		
	•	•	n described in (i) above?		2					11g(iii)		· · · · · ·
			person described in (i)							11900		
h	Provide the i	ollowing information	about the supported or	gariization	(5).							
			(iii) Type of	(iv) Is the o	rganization	(v) Did voi	unotify the	(vi)	is the	(-11) A		
	of supported	(ii) EIN	organization	in col (i) lis				organizat	ion in col	(vii) Am supp		'
orga	anızatıon		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U	ized in the S ?	Jupi	3011	
			(see instructions))	Yes	No	Yes	No	Yes	No			
											_	
		-										
									1 1			
										•		
										1,1	4	
										:1.		
				-							_	
Total												
	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedu	ıle A (Form	990 or 99	0-E <b>Z</b> )	2009

932021 02-08-10

Form 990 or 990-EZ.

3

1241 1

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 220,999. 329,563. 1398474. 1409381. 1058550. 4416967. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 329,563. 1398474. 1409381. 1058550. 220,999. 4416967. 4 Total. Add lines 1 through 3 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) 4416967. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in)▶ **(b)** 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 4416967. 1409381. 1058550. 220,999. 329,563. 1398474. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 45,971. 127,574. 3,754. 6,258. 70,439. 1,152. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 4544541. 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 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 97.19 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 97.71 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 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  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization 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 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 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

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

Schedule A (Form 990 or 990-EZ) 2009

Pa	rt III Support Schedule for C	<b>Organizations</b>	Described in	Section 509(a	(Complete only	ıf you checked the i	box on line 9 of Part I )				
Sec	ction A. Public Support										
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	, (f) Total				
1	Gifts, grants, contributions, and						1				
	membership fees received. (Do not										
	include any "unusual grants.")										
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										
3	Gross receipts from activities that										
	are not an unrelated trade or bus-										
	iness under section 513										
4	Tax revenues levied for the organ- ization's benefit and either paid to										
	or expended on its behalf				-						
5	The value of services or facilities furnished by a governmental unit to										
	the organization without charge					<del> </del>	<del>                                     </del>				
	Total. Add lines 1 through 5										
7 a	Amounts included on lines 1, 2, and										
ŧ	3 received from disqualified persons 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						<del></del>				
	Add lines 7a and 7b		<u> </u>	···········			-				
	Public support (Subtract line 7c from line 6)	<u> </u>	<u> </u>		1		<u> </u>				
	ction B. Total Support	(a) 200E	(h) 2006	(=) 2007	(d) 2008	(e) 2009	(f) Total				
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(0) 2008	(e) 2009	(I) TOTAL				
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
t	Unrelated business taxable income		-								
	(less section 511 taxes) from businesses acquired after June 30, 1975				_						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)										
13	Total support (Add lines 9, 10c, 11, and 12)										
	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	ization,				
	check this box and stop here				_		▶□_				
Se	ction C. Computation of Publ	ic Support Pe	ercentage								
15	Public support percentage for 2009 (			column (f))		15	<u>%</u>				
16	Public support percentage from 2008					16	%				
Se	ction D. Computation of Inve	stment Incom	e Percentage			<u> </u>					
17						17	%				
18	04 PART - 1										
19	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										
1	o 33 1/3% support tests - 2008. If the	e organization did i	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%					
	line 18 is not more than 33 1/3%, che	eck this box ands	<b>top here.</b> The orga	anızatıon qualifies	as a publicly supp	oorted organizatioi					
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	this box and see in	nstructions	<u>▶</u>				
_					So	hedule A (Form 9	990 or 990-EZ) 2009				

# 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, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Ash to 1 de OMB No 1545-0047 Open to Public Inspection

Name of the organization

CAROLINA FOR KIBERA, INC.

**Employer identification number** 56-2248495

Par	rt I Organizations Maintaining Donor Advisor		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	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?		Yes No
Par	rt II Conservation Easements. Complete if the or	rganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		pmm-
			Held at the End of the Tax Year
а	Total number of conservation easements		2a 72.71
b	Total acreage restricted by conservation easements		2b 7 13 1
C	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	• • • •		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		• •
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes   No
6	Staff and volunteer hours devoted to monitoring, inspecting		uring the year $ ightharpoonup$
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conserva		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization's accounting to
Do	rt III Organizations Maintaining Collections	of Art Historical Treasures or C	ther Similar Assets.
II ACAI	Complete if the organization answered "Yes" to Form		
	Complete if the digitalization discussed in the form		
12	If the organization elected, as permitted under SFAS 116, n	ot to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these	e items.	
b	If the organization elected, as permitted under SFAS 116, to	o report in its revenue statement and balar	rce sheet works of art, historical treasures,
_	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items:	•	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tr	reasures, or other similar assets for financi	al gain, provide
-	the following amounts required to be reported under SFAS		-
а	D I deduc Francosco Dark VIII band		<b>&gt;</b> \$
b			<b>▶</b> \$
_			
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	ee the Instructions for Form 990.	Schedule D (Form 990) 2009

932051 02-01-10

Part III   Grganizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)    Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that apply):	Sche	dule D (Form 990) 2009 CAROLIN	A FOR KIBE	RA,	INC.			56-	224849	5 Page <b>2</b>
Section   Truster   Comparation   Comparat	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check aft that apply):  a	Par					easures, o	r Other			
a Public exhibition d Loan or exchange programs   c   Proservation for future generations   d   Chrowde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No	a	3									
b Scholarly research e Other  Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization's collection?   Yes   No  Part VI   Scrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIV.   Part XIV   Part YIV	b Scholarly research e Cher Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Yes No Part IV   Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIV and complete the following table:  1c Beginning balance  1d Additions during the year  2a Distributions during the year  1 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  2b If "Yes," explain the arrangement in Part XIV.  Part V   Endowrment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance  1b Contributions  1c (a) Current year (b) Prior year (c) (1) Trus years back (d) Trus years back (e) Four years back (d) Grants or scholarships  1c (a) Current year (b) Prior year (c) (1) Trus years back (d) Trus years back (d) Trus years back (d) Grants or scholarships  1d Administrative expenses  2 Provide the estimated percentage of the year end balance held as:  2 Board designated or quasiendowment		(check all that apply):								
c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  1 to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Excrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If 'Yes,' explain the arrangement in Part XIV and complete the following table:  1c Beginning balance  2 Bogthic organization include an amount on Form 990, Part X, line 21?  2 Did the organization include an amount on Form 990, Part X, line 21?  3 Let the organization include an amount on Form 990, Part X, line 21?  4 Describe in Part XIV  2 Part V   Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.  4 Beginning of year balance  5 Contributions  6 Contributions  6 Contributions  7 68, 9 10. 9 39, 3 3 5 6.  9 27, 6 3 4. 15, 5 6 0.  9 27, 6 3 4. 15, 5 6 0.  9 27, 6 3 4. 15, 5 6 0.  9 28, 6 3 4. 15, 5 6 0.  9 29, 6 3 4. 15, 5 6 0.  9 20, 7 20, 7 20, 7 20, 7 20, 7 20, 7 20, 7 20	c	а	Public exhibition	d		Loan or excl	hange progra	ms			
c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  1 to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Excrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If 'Yes,' explain the arrangement in Part XIV and complete the following table:  1c Beginning balance  2 Bogthic organization include an amount on Form 990, Part X, line 21?  2 Did the organization include an amount on Form 990, Part X, line 21?  3 Let the organization include an amount on Form 990, Part X, line 21?  4 Describe in Part XIV  2 Part V   Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.  4 Beginning of year balance  5 Contributions  6 Contributions  6 Contributions  7 68, 9 10. 9 39, 3 3 5 6.  9 27, 6 3 4. 15, 5 6 0.  9 27, 6 3 4. 15, 5 6 0.  9 27, 6 3 4. 15, 5 6 0.  9 28, 6 3 4. 15, 5 6 0.  9 29, 6 3 4. 15, 5 6 0.  9 20, 7 20, 7 20, 7 20, 7 20, 7 20, 7 20, 7 20	c	b	Scholarly research	е		Other					
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on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance  d Additions during the year  Ending balance  1 Ending balance  1 Ending balance  2 Dight the organization include an amount on Form 990, Part X, line 21?  Finding balance  2 Dight the organization include an amount on Form 990, Part X, line 21?  Fart V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1 Beginning of year balance  1 C Too Ontributions  1 Beginning of year balance  2 Provide the extimated percentage of the year end balance held as:  and programs  4 Administrative expenses  5 1, 099 - −186 , 006 .  D Permanent endowment ► %  Permanent endowment ► %  D Permanent endowment ► %  1 Tyes to 3a(f), are the related organizations listed as required on Schedule R?  D Sescribe. Part X I Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  D Sescribe. Part X II Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  1 Land  D Buildings  C Leasehold improvements  E Land  B Buildings  C Leasehold improvements  E Septiments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  C Leasehold improvements  E C Leasehold improvements  E C Leasehold improvements  C Leasehold improvements  E C Leasehold improvements  C Leasehold improvements  C Leasehold improvements  D Equipment  E C Leasehold improvements  D E C Leasehold improveme	on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:    Amount   Complete   Compl	1a	<del></del>	<del>- · · · · · · · · · · · · · · · · · · ·</del>	lary for	contribution	s or other ass	sets not in	cluded		
b if 'Yes,' explain the arrangement in Part XIV and complete the following table:    Comparison of Description of Investment   Description of I	b if "Yes," explain the arrangement in Part XIV and complete the following table:    Amount   Ic   Id   Id   Id   Id   Id   Id   Id		_				0 01 011101 0001			Yes	No
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Description of livestment   Part XIV.	b   f 'Yes,' explain the arrangement in Part XIV.		-	orm 000 Part Y line	212				<u> </u>	Voc	No
Current year   Color	Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (d) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Four				۲۱۰						0
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a Board designated or quasi-endowment	a Board designated or quasi-endowment					0,510.	i	L		i	<u></u>
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4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (other) (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment 2,159. 346. 1,813.	4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	_		a liptod op regulared a	n Caha	dula D2					
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 2,159. 346. 1,813.	Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other	_	• • • • • • • • • • • • • • • • • • • •	•						30	
Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (e) Accumulated depreciation  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Cost or other basis (other)  (g) Accumulated depreciation  (h) Cost or other basis (other)  (h) Cost or other basis (other)  (h) Cost or other basis (other)  (h) Cost or other depreciation  (h) Accumulated depreciation  (h) Book value  (h) Book value  (h) Accumulated depreciation	Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  2 , 159 . 346 . 1 , 813  e Other		t VI Investments - Land Building				Part X line 1	10			
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment  2,159. 346. 1,813.	basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other	Lei	<del></del>						······································	(d) Boo	k value
ta Land b Buildings c Leasehold improvements d Equipment 2,159. 346. 1,813.	ta Land b Buildings c Leasehold improvements d Equipment e Other		Description of investment	1 ' '				• •		(4) 500	W ACIDE
b Buildings c Leasehold improvements d Equipment 2,159. 346. 1,813.	b Buildings c Leasehold improvements d Equipment e Other		Load	Sasis (ilivesti		24515	//				
c Leasehold improvements d Equipment 2,159. 346. 1,813.	c Leasehold improvements d Equipment e Other					<del> </del>		•••••••••		<del> </del>	
d Equipment 2,159. 346. 1,813.	d Equipment 2,159. 346. 1,813 e Other	b	•							<del>                                     </del>	
2 Equipment	e Other	C	·	-	_	<del> </del>	2 150		316		1.813
e Utner	1 010		• •	-		<del> </del>	211330	<del></del>	340.	<del>                                     </del>	<u> </u>
1 010	Table Additions de Abresia de Voltera del corret constitues 000 Dest Vicabiana 40/a) \				Vaster	ma (D) //ac 4	10(a) )			-	1.813
Total rice that model to (Committee of the Committee of t	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, Column (B), line 10(c).)  Schedule D (Form 990) 200	ıota	i. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	A, COIUI	nn ( <b>5), line 1</b>	U(C).)				

	dule D (Form 990) 2009 CAROLINA FOR KIBERA, INC.					248495	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	<u>ed Finaı</u>	ncial St	atements	<u> </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			0.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			0.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			0.
4	Net unrealized gains (losses) on investments			4			0.
5	Donated services and use of facilities			5			
6	Investment expenses		-	6			
7	Prior period adjustments			7		<del></del>	
8	Other (Describe in Part XIV.)	-		8			
9	Total adjustments (net). Add lines 4 through 8			9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			0.
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Reve	nue pe	r Return		
1	Total revenue, gains, and other support per audited financial statements				1	_	0.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a			_		
b	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3		0.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	_	0.
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	Vith Exp	enses p	er Retur	n	_
1	Total expenses and losses per audited financial statements				1		0.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.						
а	Donated services and use of facilities	2a					
Ь	Prior year adjustments	2b			$\neg$		
c	Other losses	2c					
d	Other (Describe in Part XIV.)	2d					
	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3		0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				""	•	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				••	
- h	Other (Describe in Part XIV.)	4b					
c	Add lines 4a and 4b				4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5		0.
	t XIV Supplemental Information				<del></del>		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	I. lines 1	la and 4: F	Part IV. line	es 1b and 2	b: Part V. line	4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						.,
7, III	E ORGANIZATION DID NOT HAVE AN AUDIT COMPLE	ETED	FOR	THEIR	SHORT	YEAR	END
OF	6/30/09, INSTEAD THEY ELECTED TO HAVE AN E	EIGH	TEEN	моитн	AUDIT	COMPL	ETED
<del></del>	0,00,00, 1101010 1101 2220122 10 11112 14:						
FOI	R THE EIGHTEEN MONTHS ENDED 6/30/10. DUE 1	го т	HE TI	ME PE	RIOD		
ודמ	FFERENCES, A RECONCILIATION OF REVENUES AND	D EX	PENSE	S WAS	NOT E	REPARE	D.
<u> </u>	I BREWERDY II RECONCILITION OF REVENUES 12.1						
					•		
			<del></del>				
					Sched	ule D (Form 9	990) 2009
93205	4			-	_	,	,

#### Schedule F (Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** 56-2248495 CAROLINA FOR KIBERA, INC. Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the X No T Yes grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (c) Number of (e) If activity listed in (d) (f) Total (a) Region (b) Number of (d) Activities conducted in region offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in program services, grants to describe specific type for region of service(s) in region region recipients located in the region) nais de la compansión d H 5 10 -

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

Schedule F (Form 990) 2009

**Totals** 

Page 2

`**A** 

56-2248495	Entities Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 15, for any	00	
CAROLINA FOR KIBERA, INC.	Part # Grants and Other Assistance to Organizations or Entities Outside the United States. Complete	recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000	Use Schedule F-1 (Form 990) if additional space is needed.
Schedule F (Form 990) 2009	Grants and Other As	recipient who received	Use Schedule F-1 (For
Scheduk	Part #		

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		MIDDLE RAST AND NORTH AFRICA	LAPTOPS, PRINTERS AND SOLAR CHARGERS	335,513.	335,513.WIRE TRANSFER	94,244.	LAPTOPS, PRINTERS AND SOLAR CHARGERS	VALUE PROVIDED BY DONOR AT TIME OF GIFT
								:
						:	:	
2 Enter total number of the IRS, or for which	f recipient organization the grantee or couns	ons listed above that are el has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	cempt by		1
3 Enter total number of	Enter total number of other organizations or entities	or entities						

) marked we -

Schedule F (Form 990) 2009

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Page 3

56-2248495

Schedule F (Form 990) 2009 CAROLINA FOR KIBERA, INC. 56–2248495

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

	(h) Method of valuation (book, FMV, appraisal, other)					,,
f	(g) Description of non-cash assistance					
	(f) Amount of non-cash assistance					
	(e) Manner of cash disbursement					
	(d) Amount of cash grant					
	nber of lents					
t additional space is nee	(b) Region					
Use Schedule F-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance					

ï

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Schedule F (Form 990) 2009

#### SCHEDULE M (Form 990)

Department of the Treasury

#### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2009

Open to Public Inspection

Name of the organization

Attach to Form 990.

Employer identification number

	CAROLINA FOR	KIBER	A, INC.		5	6-2248	<u> 3495</u>	<u>i                                      </u>
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1		(d) d of determi revenues	ining	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -					-17	事業力	
	Historic structures							
14	Qualified conservation contribution - Other					4.3	<u> </u>	
15	Real estate - Residential						· <del>·</del> ·	
16	Real estate - Commercial						<u> </u>	
17	Real estate - Other					1.13	· · ·	
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts					·		
25	Other (SOLAR CHARGER)	X	1					
26	Other $\blacktriangleright$ ( LAPTOPS AND C)	X	1					
27	Other ► ( <u>LEGAL SERVICE</u> )	Х	1					
28	Other ► (SHIPPING SERV)	X	1	3,313.	COST OF	SERVI	CES	PRO
29	Number of Forms 8283 received by the organ		-					
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gment 29				
						<u></u>	Yes	No
30a	During the year, did the organization receive b	by contribution	on any property re	ported in Part I, lines 1-28	that it must hold fo	or		
	at least three years from the date of the initial	contribution	, and which is not	required to be used for ex	empt purposes for	1		
	the entire holding period?					30a	<del>                                     </del>	X
b	If "Yes," describe the arrangement in Part II.							١.,
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard cont	ributions?	31		<u> </u>
32a	Does the organization hire or use third parties	or related o	rganizations to sol	ıcıt, process, or sell nonca	sh			,,
	contributions?					32a	<del>                                     </del>	X
b	If "Yes," describe in Part II.							
33	If the organization did not report revenues in o	column (c) fo	r a type of propert	y for which column (a) is c	hecked,			
	describe in Part II.						ــــــــــــــــــــــــــــــــــــــ	1
LHA	For Privacy Act and Paperwork Reduction	n Act Notice	e, see the Instruct	tions for Form 990.	Sche	dule M (Fo	rm 990	J) 200 <del>9</del>

# (Form 990)

### Supplemental Information to Form 990

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990. Internal Revenue Service

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CAROLINA FOR KIRERA TNC **Employer identification number** 56-2248495

CAROLINA FOR RIBBIAN INC. 30 2210193
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
KENYA THROUGH SPORTS, YOUNG WOMEN'S EMPOWERMENT AND COMMUNITY
DEVELOPMENT.
FORM 990, PART VI, SECTION A, LINE 8B: SUBCOMMITTEES WERE ESTABLISHED
DURING THE YEAR BUT THERE HAVE NOT BEEN FORMAL MEETINGS YET. SUBCOMMITTEE
COMMUNICATION IS THROUGH EMAIL AND SKYPE AND TAKING FORMAL MINTUES WOULD BE
CHALLENGING.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE AUDIT
COMMITTEE AND SUBMITTED TO THE EXECUTIVE COMMITTEE FOR BOARD APPROVAL "
BEFORE SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO SIGN
A CONFLICT OF INTEREST FORM ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15A: THE SELECTION COMMITTEE REVIEWS
COMPENSATION BASED ON PUBLIC UNIVERSITY PAY.
FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS AND TAX
RETURNS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. NO AUDIT WAS PERFORMED
FOR THE 6 MONTHS ENDED 6/30/09. THE FINANCIAL STATEMENTS WERE AUDITED
DURING THE YEAR FOR THE 18 MONTH PERIOD BEGINNING JANUARY 1, 2009 AND
ENDING JUNE 30, 2010.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211 02-03-10

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

#### **SCHEDULE O** (Form 990)

Department of the Treasury

#### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.



Internal Revenue Service

Name of the organization **Employer identification number** 56-2248495 CAROLINA FOR KIBERA, INC. KIMBERLY PAGE - CAMPUS BOX 5145, CHAPEL HILL, NC 27599-5145 DR. JENNIFER COFFMAN - CAMPUS BOX 5145, CHAPEL HILL, NC 27599-5145 DR. ALAN CROSS - CAMPUS BOX 5145, CHAPEL HILL, NC 27599-5145 ESTEBAN MCMAHAN - CAMPUS BOX 5145, CHAPEL HILL, NC 27599-5145 BEN MSHILA - CAMPUS BOX 5145, CHAPEL HILL, NC 27599-5145 RYE BARCOTT - CAMPUS BOX 5145, CHAPEL HILL, NC 27599-5145 LEANN BANKOSKI - CAMPUS BOX 5145, CHAPEL HILL, NC 27599-5145 DR. NIKLAUS STEINER - CAMPUS BOX 5145, CHAPEL HILL, NC 27599-5145 BETH-ANN KUTCHMA - CAMPUS BOX 5145, CHAPEL HILL, NC 27599-5145 BRETT BULLINGTON - CAMPUS BOX 5145, CHAPEL HILL, NC 27599-5145 ZACH CLAYTON - CAMPUS BOX 5145, CHAPEL HILL, NC 27599-5145 THE FINANCE AND AUDIT COMMITTEE WAS ESTABLISHED DURING THE YEAR AND ASSUMES RESPONSIBILITY FOR OVERSIGHT OVER THE AUDIT.

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

Schedule O (Form 990) 2009

Department of the Treasury Internal Revenue Service (99)

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

► See separate instructions. Attach to your tax return.

990

OMB No 1545-0172

Attachment Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CAI	ROLINA FOR KIBERA,	INC.	FO	RM 990	PAGE 10		56-2248495
	rt   Election To Expense Certain Prope		79 Note: If you have any I	isted property	, complete Part	V before yo	ou complete Part I.
1 1	Maximum amount. See the instructions	s for a higher limit	for certain businesses		<u> </u>	1	250,000.
	Total cost of section 179 property plac	=				2	
	Threshold cost of section 179 property					3	800,000.
<b>4</b> F	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-			4	
5 (	Pollar limitation for tax year Subtract line 4 from line	e 1 If zero or less, enter	-0- If marned filing separately, s	ee instructions		5	
6	(a) Description of pr	operty	(b) Cost (bus	iness use only)	(c) Elected	d cost	
7 l	isted property. Enter the amount from	ı line 29		7			
8	Total elected cost of section 179 prope	erty. Add amounts	in column (c), lines 6 an	d 7		8	
9	Tentative deduction. Enter the <b>smaller</b>	of line 5 or line 8				9	
10 (	Carryover of disallowed deduction from	n line 13 of your 2	008 Form 4562			10	
11 {	Business income limitation. Enter the s	maller of business	s income (not less than z	ero) or line 5		11	· <del></del>
12 3	Section 179 expense deduction. Add l	ines 9 and 10, but	do not enter more than	line 11		12	
	Carryover of disallowed deduction to 2			▶ 13			. 3
	e: Do not use Part II or Part III below fo						0 h T
	rt [ Special Depreciation Allows		· · · · · · · · · · · · · · · · · · ·	· · · ·		<del>, ,</del>	= 1-37 s
14 \$	Special depreciation allowance for qua	llified property (otl	ner than listed property)	placed in servi	ce during		
1	the tax year					14	.421
	Property subject to section 168(f)(1) ele	ection				15	1,195.
	Other depreciation (including ACRS)					16	1,195.
Pa	rt III MACRS Depreciation (Do no	ot include listed p		s.)			
			Section A			47	
	MACRS deductions for assets placed	-				<del>  17</del>	
<u>18</u>	f you are electing to group any assets placed in ser		into one or more general asset a e During 2009 Tax Yea			ation Susta	
	Section B - Assets	(b) Month and	(c) Basis for depreciation			lion oysic	· · · · · · · · · · · · · · · · · · ·
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recover 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						
f	20-year property						
9	25-year property			25 yrs		S/L_	
	December 1 and 1 and 1 and 1	/		27.5 yrs	. MM	S/L	<u>.                                    </u>
_h	Residential rental property	/		27.5 yrs	. MM	S/L	
	Non-control and proportion			39 yrs.	MM	S/L	
_ i	Nonresidential real property	/			MM	S/L	
	Section C - Assets	Placed in Service	During 2009 Tax Year	Using the Alte	ernative Depre	ciation Sys	item
20a	Class life					S/L	
b	12-year			12 yrs.		S/L S/L	
_ <u>c</u>				40 yrs.	MM	S/L	1
Pa	IT IV Summary (See Instructions.)						
	Listed property. Enter amount from lin		•			21	
	Total. Add amounts from line 12, lines						1 105
	Enter here and on the appropriate line				str.	22	1,195.
	For assets shown above and placed in		e current year, enter the				
	portion of the basis attributable to sec		<del> </del>	23	<u> </u>		Ferry 4500 (0000)
9162	51. I HA For Danerwork Reduction	n Act Notice see	senarate instructions.				Form <b>4562</b> (2009)

For	m 4562 (2009)	CAR	<u>OLINA</u>	FOR K	IBER	LA, I	NC.					56-	<u> 2248</u>	<u>495</u>	Page 2
Pé	Listed Proper recreation, or a Note: For any	imusement.) vehicle for wi	hich you are	using the	standar	d mileag	e rate oi								
	through (c) of S	Section A, all	of Section I	B, and Sec	ction C if	fapplica	ble								
	<del></del>	- Depreciati			<u>-</u> -								Ť	7	- I N -
<u>24a</u>	Do you have evidence to s	(b)	siness/invest (c)	ment use ci	aimeo /	Y,	es L	_ No	·			1		」Yes ∟ □	<u> No</u> (i)
	(a) Type of property (list vehicles first )	Date placed in service	Busines investme use percen	nt   of	( <b>d)</b> Cost or ther basis	Libus	(e) sis for depri siness/inve use only	stment	(f) Recovery period	Me	( <b>g)</b> thod/ rention	Depre	(h) eciation uction	Ele sectio	cted on 179 ost
	Special depreciation alloused more than 50% in	owance for q	ualified liste	d property	y placed	in service			ax year an	d	25				`
	Property used more than								<del></del>		25	<u>.                                    </u>	•	E.,	
20	Property used more tha	11 30 70 111 2 0	damed bus	%	<u> </u>		-		Γ	Γ			<del></del>	I	
_				%						<u> </u>					
	· · · · · · · · · · · · · · · · · · ·	· · ·		%											
27	Property used 50% or le	ee in a quali	fied busines			1				L		1		L	
21	rioperty used 50 % of R	Jos III a quali	nied busines	%					l	S/L -					
	· · · · · · · · · · · · · · · · · · ·			%						S/L·					
		<del>                                     </del>		%						S/L·	· ·			ł	
28	Add amounts in column	(h) lines 25	through 27		e and or	line 21	page 1		l	O, L	28				
	Add amounts in column		-				, page .					<del>1</del>	29		
	7.00 di libolito ili bolalili	10, 1110 20. 2	intor noro a	Section			on Use	of Vet	nicles			-		ı	
If yo	nplete this section for ve ou provided vehicles to y se vehicles.		•								-		ing this s	section fe	or
				(	(a)	(	b)		(c)	(	d)	(	e)	(1	f)
30	Total business/investment	miles driven d	uring the	Vel	hicle	Vet	nicle	V	'ehicle	Vet	ncle	Vet	nicle	Veh	ııcle
	year (do not include com	muting miles)		<u> </u>		<u> </u>									
31	Total commuting miles	driven during	the year			ļ		<u> </u>							
32	Total other personal (no	ncommuting	ı) mıles												
	driven					ļ .		ļ							
33	Total miles driven during	g the year.		-								ŀ			
	Add lines 30 through 32	2		-		-		<u> </u>			T		1		·
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No_	Yes	No	Yes	No	Yes	No
25	during off-duty hours?	rimorilii biro	mara		+	1	<u> </u>	<del> </del>	-						
აა	Was the vehicle used p	• •	more							ļ					
26	than 5% owner or related is another vehicle available.	•	anal .		+	-									
30	use?	ine ioi heisc	niai											•	
	450.	Section C	- Question	s for Emp	lovers V	Vho Pro	vide Vel	nicles	for Use b	v Their I	Employe	es	<u> </u>	·	
Ans	wer these questions to			•	-					_			re not m	l iore thar	1 <b>5</b> %
	ners or related persons.		,							•	• •			ļ	
	Do you maintain a writte employees?	en policy stat	tement that	prohibits	all perso	nal use o	of vehicl	es, Inc	luding cor	nmuting	, by you	r		Yes	No
38	Do you maintain a writte	en policy stat	tement that	prohibits i	oersonal	l use of v	/ehicles.	excer	t commut	ing, by	our/				1
	employees? See the ins														1
39	Do you treat all use of v					•									
	Do you provide more th	-		•		ınformat	tion fron	ı your	employee	s about					
	the use of the vehicles,							-							
41	Do you meet the require					emonstra	ation use	?							
	Note: If your answer to								covered ve	hicles					
Pi	art VI Amortization														
	(a) Description o	f costs		(b) Date amortization begins		(C) Amortizal amoun	ble t		(d) Code section		(e) Amortiza period or pe	ition	A)	(f) mortization or this year	
42	Amortization of costs th	nat begins du	inng your 20		ar:										
												<u>  -                                   </u>			
												-			
43	Amortization of costs th	nat began be	fore your 20	009 tax ye	ar			-				- 43			
	Total. Add amounts in					o report						44			

#### Form 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

internal Reve	enue Service		File a	separate application	or each return.			
• If you a	are filing for an Auto	omatic 3-Mont	h Extension, com	olete only Part I and	check this box			► X
• If you a	are filing for an Add	litional (Not Au	tomatic) 3-Month	Extension, complet	e only Part II (on page 2 of this	s form).		
	•	-			nth extension on a previously			
Part I	Automatic	c 3-Month E	xtension of Tir	ne. Only submit orig	ginal (no copies needed).			
A corpora	ation required to file	e Form 990-T ar	nd requesting an au	tomatic 6-month exte	ension - check this box and co	molete		
Part I only		3 1 0 1 1 1 3 3 0 1 C.	to roquesting air as	tomano o momino oxi	moon and on	IIDIOIO		<b>&gt;</b>
_		dia = 1100 C fila	ral aartaarahina Di	EMICo and trusta mi	est uso Form 7004 to request a	n ovton	aran of time	
	ome tax returns	ang 1120-0 me	rsj, partnersnips, ni	EIVIICS, AITO TIUSTS TITO	st use Form 7004 to request a	II EXIEII	Sion or time	
noted bel (not autor you must	ow (6 months for a matic) 3-month exte	corporation re- ension or (2) yo empleted and si	quired to file Form 9 u file Forms 990-BL gned page 2 (Part I	990-T). However, you , 6069, or 8870, grou	nt a 3-month automatic extensi cannot file Form 8868 electror p returns, or a composite or co more details on the electronic f	ncally if	(1) you want to ated Form 990	the additional -T. Instead,
Type or	Name of Exemp	t Organization				Emp	loyer identific	ation number
print	CAROTTNA	בי∧ם עדו	אמס אס			5	6-22484	0.5
File by the			BERA, INC.				0-22404	33
due date for filing your return See	CAMPUS B		ite no. If a P.O box	k, see instructions.				<u> </u>
instructions	City, town or po		and ZIP code. For a 27599	a foreign address, se	e instructions.			
Check ty	pe of return to be	filed (file a sepa	arate application for	each return).				
X For	m 990	Пв	orm 990-T (corpora	ition)	Form 4	720		
	m 990-BL			1(a) or 408(a) trust)	Form 5			
	m 990-EZ		orm 990-T (trust ot)		Form 6	069		
	m 990-PF		orm 1041-A	,	Form 8	870		
				<u></u>				
			NN BANKOSK					
				ST. SUITE	3014 - CHAPEL I	<u> IILL</u>	, NC 27	599
Teleph	one No. ► <u>919</u>	<u>-962-636</u>	52	FAX N	lo 🕨			
<ul><li>If the c</li></ul>	organization does n	ot have an offic	e or place of busin	ess in the United Sta	tes, check this box			▶ ∐
<ul><li>If this i</li></ul>	s for a Group Retu	rn, enter the or	ganization's four dig	git Group Exemption	Number (GEN) If the	ns is fo	r the whole gro	oup, check this
box 🕨 [	If it is for part	of the group, o	heck this box 🕨	and attach a list	with the names and EINs of al	l memb	ers the extens	tion will cover.
		15, 2013 's return for:		mpt organization retu	rm 990-T) extension of time un		The extension	
▶[	X tax year begin	ning JUL	1, 2009	, and ending	JUN 30, 2010			
2 If th	ns tax year is for le	ss than 12 mon	ths, check reason:	Initial return	Final return		Change in acc	counting period
3a If th	is application is for	r Form 990-BL,	990-PF, 990-T, 472	0, or 6069, enter the	tentative tax, less any			
	refundable credits					3a	\$	
b If th	is application is for	r Form 990-PF	or 990-T, enter any i	refundable credits an	d estimated			
				allowed as a credit.		3b	\$	
				payment with this fo				
dep	osit with FTD coup	oon or, if require	ed, by using EFTPS	(Electronic Federal T	ax Payment System)			NT / 73
See	instructions.	·	<del></del>			3с	\$	N/A
Caution.	If you are going to	make an electr	onic fund withdrawa	al with this Form 886	3, see Form 8453-EO and Forn	8879-	EO for paymer	nt instructions.
LHA F	or Privacy Act and	Paperwork R	eduction Act Notic	e, see Instructions.	<del></del>		Form 88	368 (Rev 4-2009)