EXTENDED TO MAY 17, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

<u> </u>	For the	2019 calendar year, or tax year beginning JUL 1, 2019 and	ل ending	<u>UN 30, 2020</u>				
B	Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addres	S CAROLINA FOR KIBERA, INC.						
	Name change	Doing business as		56-22484	95			
	□ Initial □ return □ Final	Number and street (or P.O. box if mail is not delivered to street address) CAMPUS BOX 5145	Room/suite	E Telephone number 919-962-6362				
	return/ termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,482,732.			
	ated ☐Amend							
H	return Applica tion			H(a) Is this a group re				
	tion pendin	SAME AS C ABOVE		for subordinates				
_				H(b) Are all subordinates in				
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) e: ► CAROLINAFORKIBERA.ORG	or 527	1	list. (see instructions)			
		organization: X Corporation	I Voor	H(c) Group exemption	M State of legal domicile: NC			
	art I	Summary	L Year	oriorination. ZUULI	VI State of legal domiche. INC			
	_	Briefly describe the organization's mission or most significant activities: TO O	FFFD D	DTMADV HEAL!	THCADE			
ė	1 !	EDUCATION AND LIVELIHOODS, AND GIRLS EMPO						
Governance	_ :							
ēru	2	•		l l	sets.			
30	3 4			<u>3</u>	7			
		Number of independent voting members of the governing body (Part VI, line 1b)			4			
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5			
Activities &	6	Fotal number of volunteers (estimate if necessary)			0.			
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	l D	Net unrelated business taxable income from Form 990-T, line 39						
	,	Contributions and events (Dort VIII. line 1b)		Prior Year 843,927.	Current Year 1,406,286.			
ne	8	Contributions and grants (Part VIII, line 1h)		043,327.	0.			
Revenue	9	Program service revenue (Part VIII, line 2g)		87,382.	76,446.			
Вè	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		01,302.	70,440.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		931,309.	1,482,732.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		550,000.	734,750.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	734,730.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		190,878.	213,118.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		190,878.	213,110.			
Expenses	10a I	Professional fundraising fees (Part IX, column (A), line 11e)		· ·	0.			
Š	_ b	Total fundraising expenses (Part IX, column (D), line 25) 108,3		148,424.	117,813.			
_	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		889,302.	1,065,681.			
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		42,007.	417,051.			
	1	Revenue less expenses. Subtract line 18 from line 12		•	· · · · · · · · · · · · · · · · · · ·			
Assets or	<u> </u>	Fatal assata (Part V. line 1C)	Ве	ginning of Current Year 2,953,223.	End of Year 3,329,429.			
\SSe	20 · 21	Fotal assets (Part X, line 16) Total liabilities (Part X, line 26)		5,741.	3,088.			
Net /	7	Net assets or fund balances. Subtract line 21 from line 20		2,947,482.	3,326,341.			
	art II	Signature Block		2,541,402.	3,320,341.			
		ties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, and to the hest of my	knowledge and helief it is			
	-	ties of perjury, I declare that I have examined this return, including accompanying schedule. It, and complete. Declaration of preparer (other than officer) is based on all information of wl			A Kilowieuge allu bellei, it is			
uuu	, 001100	, and complete. Declaration of proparti (office than officer) is based on an information of wi	non proparci	nas any knowledge.				
Sig		Signature of officer		 Date				
Her	1	FRANCIS KIBET, TREASURER						
пе		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN			
Paid	_d	PAUL MILLER		if self-employ				
	parer	Firm's name KOONCE, WOOTEN & HAYWOOD, LLP			56-0517823			
	Only	Firm's address P. O. BOX 17806		THIII 3 LIIV				
	J,	RALEIGH, NC 27619-7806		Phone no 91	9-782-9265			
May	v the ID	S discuss this return with the preparer shown above? (see instructions)		1 Hone Ho. 2 ±	X Yes No			
ivid	y tiit il'				103 110			

Other program services (Describe on Schedule O.)

) (Revenue \$ including grants of \$ 292. 884, Total program service expenses

Form 990 (2019) CAROLINA FOR KIBERA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 I	6		x
7	Did 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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	⊢ٹ		
10		10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	25	
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	. د د ا	Х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		Х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		_V
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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	١		- v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	3 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I Parts I and II	21		Х

Form 990 (2019) CAROLINA FOR KIBERA,
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
2 4a	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			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		$\stackrel{\frown}{\vdash}$
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	and the second s	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-00		v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<u> </u>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			$\overline{}$
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	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	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			口
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
_	(gambling) winnings to prize winners?	1c	X	(0045)
932004	\$ 01-20-20	⊢orm	JJU	(2019)

CAROLINA FOR KIBERA, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4			
	filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				37
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					v
	financial account in a foreign country (such as a bank account, securities account, or other financial activities account.	ccount)?		4a		X
b	If "Yes," enter the name of the foreign country) A D)			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac			Ea		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			_5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		- 21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
va		•		6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			- Oa		
	were not tax deductible?	•		6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and \$75 made	vices provide	ed to the payor?	7a		Х
	TO THE RESIDENCE OF THE PARTY O	·		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Fo	orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
ın-	amounts due or received from them.)	11b		10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
				13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			IJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
J	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did to the term of			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedul</i>			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		Х
	If "Yes," complete Form 4720, Schedule O.					

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes " provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo	orm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		Х
	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				
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5	501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	olicy, and	financ	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records	>			
	BETH-ANN KUTCHMA - 919-962-6860				
	301 DIMMERODO EM EME 1123 IINC CAMBIIC ROY 5115 CHADEL HILL	NC	275	a a $$	

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- 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, if any. See instructions for definition of "key employee."
- 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	Average	(do				l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	id a di	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	Suadi		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yoldr	t con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KATHLEEN MCGINN	1.00	=	-)	×	_ as	ш			
CHAIR		Х		Х				0.	0.	0.
(2) RYE BARCOTT	4.00									
TREASURER, THEN CHAIR		х		Х				0.	0.	0.
(3) BETH-ANN KUTCHMA(JUL 2019-FEB 2	1.00									
SECRETARY (JULY 2019-FEB 2020)		х		Х				0.	0.	0.
(4) FRANCIS KIBET	2.00									
DIRECTOR, THEN TREASURER		Х						0.	0.	0.
(5) BRETT BULLINGTON	1.00									
DIRECTOR		Х						0.	0.	0.
(6) RON STRAUSS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JENNIFER COFFMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CLAIRE ROTICH	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JIM HERRINGTON	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) ANDREW SULLIVAN-(JUL 2019-FEB 2	40.00									_
DIRECTOR OF OPERATIONS AND				Х				90,355.	0.	0.
(11) BETH-ANN KUTCHMA (MAR-JUNE 2020	40.00									•
DIRECTOR OF STRATEGIC PARTNERSHIPS				Х				7,470.	0.	0.
						_				

932007 01-20-20 Form **990** (2019)

Lai	T VII Section A. Officers, Directors, Trus		ploy 	ees,			gne	st C	•			/= >	
	(A)	(B)			Pos	C) ition	1		(D)	(E)		(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable		Estimate	
		week					is bot or/trus		compensation from	compensatio from related		amount other	Οĭ
		(list any	tor						the	organization		compensa	ation
		hours for	direc				 		organization	(W-2/1099-MIS		from th	
		related	ee or	stee			nsate		(W-2/1099-MISC)	,		organizat	
		organizations	trust	nal tru		эуее	ompe "					and relat	.ed
		below	Individual trustee or director	nstitutional trustee	Je .	Key employee	Highest compensated employee	Former				organizati	ons
		line)	Indi	lust	Officer	Key	Higi	For					
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								Ļ	07 025		$\overline{}$		_
	Subtotal								97,825.		0.		0.
	Total from continuation sheets to Part V								97,825.		0.		0.
	Total (add lines 1b and 1c)							<u> </u>	· · · · · · · · · · · · · · · · · · ·	000 (<u> </u>
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed ab	oove	e) wr	no re	eceived more than \$100,	000 of reportable	;		0
	compensation from the organization											Yes	No
2	Did the experimetion list any favor or officer		1		1			ماما			ſ	163	IVO
3	Did the organization list any former officer			•		•		_		•	-		Х
4	line 1a? If "Yes," complete Schedule J for s											3	$\stackrel{\wedge}{\vdash}$
4	For any individual listed on line 1a, is the su										-	4	х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or											4	
3		•				-		eiait	ed organization or maivid	iuai ioi services	- 1	5	Х
Sec	rendered to the organization? If "Yes " contion B. Independent Contractors	npiete Scheaul	e J T	or si	icn i	oers	son					5	
1	Complete this table for your five highest co	mnensated inc	lane	nde	nt co	ntr	acto	re th	nat received more than \$	100 000 of comp		tion from	
•	the organization. Report compensation for	•											
	(A)	tric calcridar y	carc	mail	ig w	1011	OI W		(B)	Car.		(C)	
	Name and business	address	NO	INC	3				Description of s	ervices	С	ompensatio	n
						_							
2	Total number of independent contractors (ot lir	nited	d to		_	sted	above) who received mo	ore than			
	\$100,000 of compensation from the organ	zation >				(<u>) </u>					- 000	

56-2248495

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		Cricol ii Goricadie o Coritains a response t	or riote to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts its	1 a	Federated campaigns 1a					
ra Zur	b	Membership dues 1b					
e, i	c	Fundraising events					
ifts	d	Related organizations 1d					
2,8	-	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, and		1			
a ti	•		106 206				
들 된			406,286.				
d Tr	g	Noncash contributions included in lines 1a-1f 1g \$	11,300.	1 105 005			
<u>ठ</u> ह	h	Total. Add lines 1a-1f	<u></u>	1,406,286.			
			Business Code				
ø	2 a	ı <u></u> _					
ķ.	b						
še							
m Ser	C						
ga Be	C						
Program Service Revenue	е						
Δ.	f	All other program service revenue	<u> </u>				
	g	Total. Add lines 2a-2f	<u></u>				
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	•	2,148.	2,148.		
	4	Income from investment of tax-exempt bond p		-	-		
	5	Royalties					
	3	(i) Real	(ii) Personal				
	_		(ii) i ersonai	-			
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 74,298.					
	h	Less: cost or other basis					
a)							
Ž				-			
Revenue	C	. ,		74 200	74 000		
		Net gain or (loss)		74,298.	74,298.		
her	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	h	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	^ -	` '					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
\dashv		, recome or gossy from sales of liveriory	Business Code				
2			Business Code				
e eg	11 a	·					
an	b		<u> </u>				
Miscellaneous Revenue	c						
Λiš	d	All other revenue					
2		Total. Add lines 11a-11d	-				
	12	Total revenue See instructions		1.482.732.	76.446.	0	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule C contains a response or note to any line in this Part IX	0000	on 501(c)(3) and 501(c)(4) organizations must complete the contains a response or some contains a response or response or some contains a response or			ipicie colariir (ry.	
A continued of the sestimate of contention organizations and domestic governments. See Part IV, line 21 Contact and other sestimates to domestic individuals. See Part IV, line 22 7,500. 7,500.		· 1			(C)	(D)
1 Grafts and other assistance to demestic organizations and demestic governments. See Part V, line 21 Crants and other assistance to demestic innovious's. See Part V, line 21 Crants and other assistance to foresign organizations, foreign governments, and foreign innovious's. See Part V, line 12 To 27, 250. To 27,			Total expenses	Program service expenses	Management and general expenses	
and domestic povernments. Sale Part IV, line 21 Grants and other assistance to foreign organizations, foreign governments, and foreign organizations of the section of sections, foreign organizations, foreign governments, and foreign organizations of the sections, foreign governments, and foreign organizations of the section of sections, foreign governments, and foreign organizations of the sections, foreign governments, and foreign organizations of the sections, foreign governments, and foreign organizations organization and foreign governments, and foreign organizations, foreign governments, and fo	_			сдренесс	general expenses	схропосо
2 Grants and other assistance to demostic inclividuates. See Part IV, ine 17 inclividuates. See Part IV, ine 18 and 19 seeming organizations, foreign governments, and toreign inclividuate. See Part IV, ine 18 and 19 seeming organizations foreign inclividuate. See Part IV, ine 18 and 19 seeming organizations foreign inclividuate section of current officers, directors, trustees, and key employees contributions of Compensation of inclinidate dance to dissipalified persons (sea defined under section 4988(1)13) and persons discreted in section 4988(· I				
3 Grants and other assistance to foreign organizations, foreign promements, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in individed above to disqualified persons (as defined under action 4958(t)(1) and persons discribed in section 4958(t) to the section 40 (4) and 403(t) impliyer contributions (include section 40 (4) and 403(t) impliyer contributions) Other employee benefits Person takes (increase) Compensation (included above to disqualified persons (as defined under action 4958(t)(1) and persons discribed in section 4958(t)(1) and persons discribed in section 4958(t)(1) and persons discribed in 405, and the section 40 (4) and 403(t) impliyer contributions) Other employee benefits Compensation 40 (4) and 403(t) impliyer contributions) 10 Person takes (increase) Compensation 40 (4) and 403(t) impliyer contributions) Compensation 40 (4) and 403(t) impliye	2					
3 Grants and other assistance to foreign organizations, foreign promements, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in included above to disqualified persons (as defined under section 4958(ft)) and persons described in section 4958(ft)) and apprays described in section 4958(ft)) and 4958(ft)) and 4958(ft)) and 4958(ft) and 4958(ft)) and 4958(ft) and 4958(ft)) and 4958(ft) and 4958(ft) and 4958(ft)) and 4958(ft) and 4958(ft) and 4958(ft)) and 4958(ft) and 4958(ft		individuals. See Part IV, line 22	7,500.	7,500.		
Individuals. See Part IV, lines 15 and 16 Repetition of current officers, directors, trustees, and key employees September Security S	3	Grants and other assistance to foreign				
4 Benefits paid to or for members						
5 Compensation of current officers, directors, trustees, and key employees 85,779. 51,082. 23,196. 11,501. 6 Compensation not included above to disqualified persons (as defined under section 4958(ft)(ft)) and persons described in section 4958(ft) and 4050) employer contributions; 7 Other employee benefits 108,589. 46,102. 15,678. 46,809. 8 Pension plan acrasis and contributions (include section 401(ft) and 470t) employee contributions; 9 Other employee benefits 16,469. 8,234. 3,294. 4,941. 11 Fees for services (nonemployees):		individuals. See Part IV, lines 15 and 16	727,250.	727,250.		
Section 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)(1)) and persons described in section 4958(r)(3)(8). Other analysis and wages 108,589 46,102 15,678 46,809 46,809 46,909	4	Benefits paid to or for members				
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persons (as defined under section 4986/ft/1) and persons described in section 4986/ft/1) and persons described in section 4986/ft/1) and appears and wages 7 Other selatines and wages 8 Pension plan accruals and contributions (include section 4016/, and 4080) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Feas for services (nonemployees): a Management 12 Legal 11,300. 11,300. 13 Caccounting 11,300. 11,300. 4 Lobbying 11,300. 11,300. 17,790. 8,895. 8,895. 8,895. 18 Professional fundraising services. See Part IV, line 17 investment management fees 9 other (if line 1) a mount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 24 J. 514. 14,427. 3,100. 6,987. 24 J. 514. 14,427. 3,100. 6,987. 25 Total function, and meetings 1 line value of travel or entertainment expenses for any feeteral, state, or local public officials 19 Payments of travel or entertainment expenses for any feeteral, state, or local public officials 20 insurance 20 persection, and meetings 1 linevast 278. 278. 278. 278. 278. 278. 278. 29 Depreciation, depletion, and amortization 278. 3,440. 3,440. 3,440. 20 Insurance 3,440.		trustees, and key employees	85,779.	51,082.	23,196.	11,501.
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8 Pension plan accruals and contributions (include section 40 (K) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal 11, 300. 111, 300. 111, 300. 117, 790. 8, 895. 8, 895. d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 12, 1773. 13, 151. 1408. 16 Occupancy 2, 804. 1, 402. 561. 841. 17 Travel 10, 250. 10, 278. 1			100 -00		1 - 1 - 1	
section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payrol taxes 16, 469	7		108,589.	46,102.	15,678.	46,809.
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10 Payroll taxes			2,281.	570.	228.	1,483.
11 Fees for services (nonemployees): a Management b Legal			16 460	0 224	2 204	A 0 A 1
a Management b Legal 11,300. 11,300. 11,300. 2 Accounting 17,790. 3 8,895. 8,895. 8,895. 17,790. 8,895. 8,208. 8			10,409.	8,∠34.	3,494.	4,941.
b Legal		· · · · · · · · · · · · · · · · · · ·				
c Accounting d Lobbying Professional fundraising services. See Part IV, line 17			11 300		11 300	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 24 Advertising and promotion 3 Office expenses 4 Information technology 12 , 173 . 3 , 151 . 408 . 8 , 614 . 8 Royalties Cocupancy 2 , 804 . 1 , 402 . 561 . 841 . 17 Travel 10 , 506 . 8 , 424 . 22 . 2 , 060 . 8 Payments of travel or entertainment expenses for any federal, state, or local public officials Corferences, conventions, and meetings Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 278 . 278 . 23 Insurance 40 Other expenses, Itemize expenses not covered above (List miscillaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 4 WEBSITE 4 DAYNOLL, BANK & PROCESS 5 ANNUAL REPORT 5 , 500 . 2 , 750 . 550 . 2 , 200 . 4 MISCELLANEOUS 5 Total functional expenses. Add lines 1 through 24e 5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check them ▶ 1 Intellowing Scribes 2 (ASC 568-720)						8 805
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2			11,190.		0,095.	0,095.
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g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 24 , 514 . 14 , 427 . 3 , 100 . 6 , 987 . Advertising and promotion Office expenses Information technology Information technology Cocupancy 2 , 804 . 1 , 402 . 561 . 841 . Travel Occupancy 2 , 804 . 1 , 402 . 561 . 841 . Travel 10 , 506 . 8 , 424 . 22 . 2 , 060 . Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) WEBSITE PAYROLL, BANK & PROCESS ANNUAL REPORT MISCELLANEOUS All other expenses All other expenses 2 , 490 . 1, 085 . 355 . 1, 050 . Inotation all expenses and fundraising solicitation reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check there Indicational expenses, 2 and solicitation. Check there Indicational expenses, 2 and solicitation. Check there Indicational expenses and fundraising solicit						
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13 Office expenses 14 Information technology 12,173. 3,151. 408. 8,614. 15 Royalties 16 Occupancy 2,804. 1,402. 561. 841. 17 Travel 10,506. 8,424. 22. 2,060. 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 22 Depreciation, depletion, and amortization 1nsurance 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2 WEBSITE 3 PAYROLL, BANK & PROCESS 4 ANNUAL REPORT 5,500. 2,750. 550. 2,200. 4 MTSCELLANEOUS 964. 552. 412. 26 All other expenses. Add lines 1 through 24e 27 Jiff following SOP 98-2 (ASC 958-720) 10 Interest 10,506. 8,424. 22. 2,060. 10,506. 8,424. 20. 20. 20. 10,506. 8,424. 20.	12		, -	,	,	
14 Information technology 12,173. 3,151. 408. 8,614. 15 Royafties						
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 19 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 278 . 278 . 278 . 278 . 278 . 21 Insurance 20 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28 WEBSITE 29 PAYROLL, BANK & PROCESS 20 ANNUAL REPORT 30 MISCELLANEOUS 40 MISCELLANEOUS 41 All other expenses 21 All other expenses. Add lines 1 through 24e 21 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 21 Check here In following SOP 98-2 (ASC 958-720)	14		12,173.	3,151.	408.	8,614.
16 Occupancy 2,804. 1,402. 561. 841. 17 Travel 10,506. 8,424. 22. 2,060. 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 22 Depreciation, depletion, and amortization 278. 278. 23 Insurance 3,440. 3,440. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a WEBSITE 5,539. 10,877. 1,554. 3,108. b PAYROLL, BANK & PROCESS 10,515. 886. 226. 9,403. c ANNUAL REPORT 5,500. 2,750. 550. 2,200. d MISCELLANEOUS 964. 552. 412. e All other expenses 1 Add lines 1 through 24e 1,065,681. 884,292. 73,085. 108,304. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)	15					
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 on tovered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e expenses on Schedule 0.) a WEBSITE b PAYROLL, BANK & PROCESS c ANNUAL REPORT d MISCELLANEOUS e All other expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)	16		2,804.	1,402.		
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 (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e expenses on Schedule 0.) a WEBSITE b PAYROLL, BANK & PROCESS c ANNUAL REPORT d MISCELLANEOUS e All other expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	17	Travel	10,506.	8,424.	22.	2,060.
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 (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a WEBSITE b PAYROLL, BANK & PROCESS c ANNUAL REPORT d MISCELLANEOUS e All other expenses 2,490. 2,490. 2,750. 3,108. 412. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here (including 18 and 1	18	Payments of travel or entertainment expenses				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 278						
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a WEBSITE b PAYROLL, BANK & PROCESS c ANNUAL REPORT d MISCELLANEOUS e All other expenses 21 10,515. 886. 226. 9,403. 278. 10,877. 1,554. 3,108. 886. 226. 9,403. 2750. 550. 27200. 4112. 278. 278. 278. 278. 278. 278. 278. 27	19	Conferences, conventions, and meetings				
278. 278. 278. 278. 278. 278. 3,440.						
23 Insurance 3,440. 3,440.			270		270	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 15,539. 10,877. 1,554. 3,108. a WEBSITE 15,539. 10,515. 886. 226. 9,403. c ANNUAL REPORT 5,500. 2,750. 550. 2,200. d MISCELLANEOUS 964. 552. 412. e All other expenses 2,490. 1,085. 355. 1,050. 25 Total functional expenses. Add lines 1 through 24e 1,065,681. 884,292. 73,085. 108,304. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 1,065,681. 884,292. 73,085. 108,304.		, · · · · · · · · · · · · · · · · · · ·				
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a WEBSITE PAYROLL, BANK & PROCESS c ANNUAL REPORT d MISCELLANEOUS e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			3,440.		3,440.	
line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a WEBSITE	24					
a WEBSITE b PAYROLL, BANK & PROCESS c ANNUAL REPORT d MISCELLANEOUS e All other expenses 2 A 490. 2 Total functional expenses. Add lines 1 through 24e 2 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 1 10,877. 1,554. 3,108. 3,108. 886. 226. 9,403. 2,750. 550. 2,200. 412. 884,292. 73,085. 108,304.		line 24è amount exceeds 10% of line 25, column (A)				
PAYROLL, BANK & PROCESS 10,515. 886. 226. 9,403.	_		15 539	10 877	1 554	3 108
c ANNUAL REPORT 5,500. 2,750. 550. 2,200. d MISCELLANEOUS 964. 552. 412. e All other expenses 2,490. 1,085. 355. 1,050. 25 Total functional expenses. Add lines 1 through 24e 1,065,681. 884,292. 73,085. 108,304. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 1,065,681. 884,292. 73,085. 108,304.	a					
d MISCELLANEOUS e All other expenses 2,490. 1,085. 355. 1,050. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 412. 412. 412. 412.						
e All other expenses 2,490. 1,085. 355. 1,050. 25 Total functional expenses. Add lines 1 through 24e 1,065,681. 884,292. 73,085. 108,304. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	ų				3301	
Total functional expenses. Add lines 1 through 24e 1,065,681. 884,292. 73,085. 108,304. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)					355.	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				·	·	
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						
		educational campaign and fundraising solicitation.				
		Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	

Form 990 (2019)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			82,820.	1	88,968.
	2	Savings and temporary cash investments			1,077,715.	2	1,313,917.
	3	Pledges and grants receivable, net			225,000.	3	405,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th		F		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		·		6	
s	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
As	9	B '1				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,901. 4,540.			
	b		10b	4,540.	639.	10c	361.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	1,565,412.	12	1,521,045.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		1,637.	15	138.	
	16	Total assets. Add lines 1 through 15 (must ed		ı	2,953,223.	16	3,329,429.
	17	Accounts payable and accrued expenses			5,741.	17	3,088.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
iab		controlled entity or family member of any of the	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax,	-				
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
		of Schedule D				25	2 200
	26	Total liabilities. Add lines 17 through 25			5,741.	26	3,088.
10		Organizations that follow FASB ASC 958, cl	neck her	re ▶ <u>X</u>			
ĕ		and complete lines 27, 28, 32, and 33.			1 486 600		1 455 604
<u>a</u>	27				1,476,628.	27	1,457,684.
Ä	28				1,470,854.	28	1,868,657.
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
F.		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		Г	2 047 402	31	2 226 241
Š	32				2,947,482.	32	3,326,341.
	33	Total liabilities and net assets/fund balances	2,953,223.	33	3,329,429.		

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>32.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	065	5,6	81.
3	Revenue less expenses. Subtract line 2 from line 1	3		41	7,0	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	94	7,4	82.
5	Net unrealized gains (losses) on investments	5		-38	3,1	92.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3,	326	5,3	41.
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		E	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		F			
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

 Employer identification number 56-2248495

Pa	rt I	Reason for Public C	Charity Status $ \phi $	All organizations must co	mplete th	is part.) Se	e instructions.					
The	orgar	nization is not a private found										
1	\sqcap	A church, convention of ch	•	•	•		IVAVi).					
2	\Box	A school described in sect i					·//· ·//·					
_	\vdash						:1					
3	\vdash	A hospital or a cooperative	,				•	46 - 1 3-11				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	_	city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describ	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)							
9	\Box	An agricultural research org				ed in coniu	inction with a land-grant	college				
Ŭ		or university or a non-land-g					=	=				
			grant conege or agric	uiture (see iristructions).	Litter tile i	name, city	, and state of the college	5 01				
40		university:		II				.1				
10		An organization that norma										
		activities related to its exem	•	•	, ,							
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acquii	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	ety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in				
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving				
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustees of the si	upporting				
		organization. You must o	., .		, ,							
b		Type II. A supporting org	•		ion with it	s sunnorte	d organization(s), by hay	vina .				
	_	control or management o	•					=				
		_			anie perso	iis iiiai coi	illoi oi manage ine sup	Jorted				
		organization(s). You mus	•			otana andria						
С	_		-				· · · · · ·	ea with,				
	_	its supported organization										
d		Type III non-functionally	•				•	` '				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	luirement and an attenti	veness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supportin	ng organiz	ation.						
f	Ent	er the number of supported o	organizations									
g	Pro	vide the following information	about the supporte	d organization(s).								
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				

<u>Total</u>

Schedule A (Form 990 or 990-EZ) 2019 CAROLINA FOR KIBERA, INC. 56-2248 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(*)	()	, ,	.,	(3)	.,
	membership fees received. (Do not						
	include any "unusual grants.")	557,585.	702,666.	601,774.	843,927.	1406286.	4112238.
2	Tax revenues levied for the organ-						
	ization'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					110100	
	Total. Add lines 1 through 3	557,585.	702,666.	601,774.	843,927.	1406286.	4112238.
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)						2102002
•	**						2193993. 1918245.
	Public support. Subtract line 5 from line 4.						1910243.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	557,585.	702,666.	601,774.	843,927.	1406286.	4112238.
	Gross income from interest.	33773031	, 02, 000	001/111	010/32/1	11002000	11122301
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	926.	2,967.	11,457.	20,628.	8,818.	44,796.
9	Net income from unrelated business					7,000	
	activities, whether or not the						
	business is regularly carried on						
10							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4157034.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
_	organization, check this box and sto						>
	ction C. Computation of Publi		-			г	
14	Public support percentage for 2019 (I					14	46.14 %
15	Public support percentage from 2018					15	64.05 %
16a	33 1/3% support test - 2019. If the						L 37
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the						
	and stop here. The organization qual						
1/a	17a 10% -facts-and-circumstances test - 2019. 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 VI how the organization						
L	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
0		•					
	more, and if the organization meets the organization meets the "facts-and-circ				•		,
12	•			·			
<u> 10</u>	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						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Sec	qualify under the tests listed be tion A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(5) 2010	(0) 20 11	(4) 2010	(0) 2010	(1) 1014.
•	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 business 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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first, second. thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here		,	, , , , , , , , , , , , , , , , , , ,	•	(),()	.
Sec	tion C. Computation of Publi	c Support Per	rcentage				<u> </u>
15	Public support percentage for 2019 (li	ne 8, column (f), a	divided by line 13,	column (f))		15	%
16	16 Public support percentage from 2018 Schedule A, Part III, line 15						
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	%
18							
19a	33 1/3% support tests - 2019. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2018. If the	-					
	line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		_
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
_		
9b		
9c		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	а		
b	A family member of a person described in (a) above?	b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	С		
<u>Sect</u>	tion B. Type I Supporting Organizations			
		ightharpoonup	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		_	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Soot	supervised, or controlled the supporting organization.	2		
Seci	non C. Type if Supporting Organizations	\neg	v	
	Management of the constraint of the constraint of the character of the cha		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	$\overline{}$	$\overline{}$	
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
	an Diva Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	\sqcap	\neg	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	· '	2	\neg	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	,		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	а		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	\dashv		
3	activities but for the organization's involvement. Perent of Supported Organizations Answer (a) and (b) below	_		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard 3	b		

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net :	short-term capital gain	1		
2 Reco	overies of prior-year distributions	2		
3 Othe	er gross income (see instructions)	3		
4 Add	lines 1 through 3.	4		
5 Depr	reciation and depletion	5		
6 Port	ion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mair	ntenance of property held for production of income (see instructions)	6		
7 Othe	er expenses (see instructions)	7		
8 Adju	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggr	regate fair market value of all non-exempt-use assets (see			
instr	uctions for short tax year or assets held for part of year):			
a Aver	rage monthly value of securities	1a		
b Aver	rage monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Disc	count claimed for blockage or other			
facto	ors (explain in detail in Part VI):			
2 Acqu	uisition indebtedness applicable to non-exempt-use assets	2		
	tract line 2 from line 1d.	3		
4 Cash	n deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see i	instructions).	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mult	iply line 5 by .035.	6		
	overies of prior-year distributions	7		
8 Mini	mum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adju	isted net income for prior year (from Section A, line 8, Column A)	1		
	er 85% of line 1.	2		
3 Minii	mum asset amount for prior year (from Section B, line 8, Column A)	3		
	er greater of line 2 or line 3.	4		
	me tax imposed in prior year	5		
	ributable Amount. Subtract line 5 from line 4, unless subject to			
	rgency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).	. •	., ., .	,

Schedule A (Form 990 or 990-EZ) 2019

Par	[↑] V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	 S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.	·		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	·	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
_	Evoses from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 CAR	LINA FOR	KIBERA,	INC.	56-2248495 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 ar	 Provide the exp c, 4b, 4c, 5a, 6, 9 nd 3; Part IV, Sec 	olanations requir a, 9b, 9c, 11a, 1 tion E, lines 1c, :	red by Part II, line 10; Part II, line 17a 11b, and 11c; Part IV, Section B, line 2a, 2b, 3a, and 3b; Part V, line 1; Pa Also complete this part for any addi	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	320,000.	236,859.
	1,300,000.	1,216,859.
	187,500.	104,359.
	719,057.	635,916.
Fotal Excess Contributions to Schedule A, Part II, Line 5		2,193,993.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

56-2248495

2019

Name of the organization Employer identification number

INC.

CAROLINA FOR KIBERA

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

CAROLINA FOR KIBERA, INC.

56-2248495

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 309,057.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and Zii + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CAROLINA FOR KIBERA, INC.

56-2248495

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization

Employer identification number

	NA FOR KIBERA, INC.			56-2248495		
Part III	from any one contributor. Complete columns (a)	through (e) and the following line e	entry For or	(1(c)(7), (8), or (10) that total more than \$1,000 for the yrganizations		
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 contributions of \$1,000 contributions of \$1,000 contributions.	or less for th	ne year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of g	jift			
_	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee		
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Re	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
_		(e) Transfer of g	jift			
_	Transferee's name, address, an	nd ZIP + 4	Re	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
		(e) Transfer of g	 			
	Transferee's name, address, a			elationship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CAROLINA FOR KIBERA, INC.

Employer identification number 56-2248495

Paı	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	e conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the forn	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic stru	(/	
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
_	year -		
4	Number of states where property subject to conservation eas	•	-
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing col	nservation easements during the year
_	Assessment of a superior and the second transfer to the second transfer transfer to the second transfer transfer to the second transfer t	lin	and the second s
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ration easements during the year
_	Door cook consequention accomment we newted on line O(d) about		0/(5)/4)/(D)/3)
8	Does each conservation easement reported on line 2(d) above		
_		on accompate in its revenue and evenue	
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnorganization's accounting for conservation easements.	ote to the organization's illiancial stater	Herits that describes the
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		and balance sheet works
	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	, , ,	'
b	If the organization elected, as permitted under FASB ASC 958		
_	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	,,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	•	> \$
b	A		> \$

Paı	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or C	Other S	Similar	Assets	(continu	ıed)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that m	ake sigr	nificant u	se of its	•	,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization'	s exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other s	similar a	ssets				
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's co	llection?				Yes		No
Paı	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Ye	es" on F	orm 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other asset	s not ind	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f		_		
2 a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	ıstodial accoun	t liability	y?		Yes	X	No
_	If "Yes," explain the arrangement in Part XIII.									
Pai	TV Endowment Funds. Complete if	the organization and		rm 990, Part IV	, line 10).		_		
		(a) Current year	(b) Prior year	(c) Two years t			ears back	(e) Four		
	Beginning of year balance	1,565,412.	1,527,869.	1,428,	160.	1,3	43,639.	1,4	430,	
b	Contributions	495.							16,	
С	Net investment earnings, gains, and losses 29,436. 110,694. 171,542. 155,197.						-	-34,:	124.	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	74,298.	73,151.	71,	833.	'	70,676.		70,	024.
f	Administrative expenses									
g	End of year balance	1,521,045.	1,565,412.	1,527,	869.	1,4	28,160.	1,:	343,	539.
2	Provide the estimated percentage of the curre	-	(line 1g, column (a)) held as:						
	Board designated or quasi-endowment	15.00	_%							
	Permanent endowment ► 77.00	%								
С	Term endowment ►	-								
	The percentages on lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered	I for the	organiza	tion	_		
	by:							<u>_</u>	Yes	No
	(i) Unrelated organizations							3a(i)	X	77
	(ii) Related organizations							3a(ii)	_	X
b	If "Yes" on line 3a(ii), are the related organizate							3b		
<u>4</u>	Describe in Part XIII the intended uses of the		vment funds.							
Pai	t VI Land, Buildings, and Equipme		D . N			4.0				
	Complete if the organization answered		ľ	T T						
	Description of property	(a) Cost or ot		or other		cumulate	d	(d) Book	value)
		basis (investm	Dasis	(other)	aepr	reciation				
	Land									
	Buildings									
	Leasehold improvements			4 901		1 5	10		2 (1
	Equipment			4,901.		4,54	± U •		36	<u> </u>
	Other						_		36	: 1

Schedule D (Form 990) 2019 CAROLINA FO.	R KIBERA, INC.	30°	- 2246495 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-ot-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) POOLED ENDOWMENT FUNDS			
(B) HELD BY UNIVERSITY	1,521,045.	END-OF-YEAR MARKET	T/AT.IIE
	1,321,043.	END-OF-TEAK MARKET	VALUE
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,521,045.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990 Part X col (B) line Part X Other Liabilities.	9.15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	on rolling goo, rait iv, line r	10 01 111. 000 1 0111 330, 1 dit X, iiiie 20.	(b) Book value
(1) Federal income taxes			(,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(9)

932054 10-02-19 Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization

Employer identification number

	ROLINA FOR KI	BERA, INC	C		56-224849	5
Pa			ctivities Out	side the United States. Comple	ete if the organization answered "\	es" on
_	Form 990, Part I\			d- 4		
1	-	=		ds to substantiate the amount of its gra the selection criteria used to award the		Yes No
	the grantees engionity it	or the grants or a	issistance, and i	the selection officing asea to award the	grants or assistance:	iesiio
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	ide the
3	Activities per Region. (TI	ne following Part	I, line 3 table ca	an be duplicated if additional space is n		_
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
					PROVIDES PRIMARY HEALTHCARE, EDUCATION AND LIVELIHOODS, AND	
UB	-SAHARAN AFRICA	0	0	PROGRAM SERVICES	GIRLS EMPOWERMENT	727,250.
3 a	Subtotal	0	0			727,250.
	Total from continuation sheets to Part I	0	0			0.
С	Totals (add lines 3a and 3b)	0	0			727,250.

and 3b)

56-2248495

Schedule F (Form 990) 2019

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other)						1	Schedule F (Form 990) 2019
(h) Description of noncash assistance							Sched
(g) Amount of noncash assistance	.0				empt	•	
(f) Manner of cash disbursement	#IRE				ecognized as tax-exe		
(e) Amount of cash grant	727,250. WIRE				oreign country, re		
(d) Purpose of grant	MAINTAIN PRIMARY HEALTHCARE SERVICES AND COORDINATED EDUCATION AND				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		
(c) Region	SUB-SAHARAN AFRICA				is listed above that are ri isel has provided a sect	r entities	
(b) IRS code section and EIN (if applicable)	W St				ecipient organization h the grantee or cour	other organizations o	
1 (a) Name of organization					Enter total number of nby the IRS, or for which	3 Enter total number of other organizations or entities	

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Page 3

CAROLINA FOR KIBERA, INC.

Schedule F (Form 990) 2019

Part III

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

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2019
(g) Description of noncash assistance					Sched
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2019 (Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

CAROLINA FOR KIBERA, INC. 56-2248495 Schedule F (Form 990) 2019 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: MONTHLY PROGRAM REPORTS ARE REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE. PART I, LINE 3, COLUMN (E): REGION: SUB-SAHARAN AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDES PRIMARY HEALTHCARE, EDUCATION AND LIVELIHOODS, AND GIRLS EMPOWERMENT PROGRAMS IN KIBERA, AN INFORMAL SETTLEMENT OF KIBERA IN NAIROBI, KENYA. PART II, COLUMN (D): REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: MAINTAIN PRIMARY HEALTHCARE SERVICES AND COORDINATED EDUCATION AND LIVELIHOODS PROGRAMS, WITH A SPECIAL ATTENTION TO GIRLS, IN THE INFORMAL SETTLEMENT OF KIBERA IN NAIROBI, KENYA. ALL PROGRAMS ARE ADMINISTERED BY CFK-KENYA.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

2019
Open to Public Inspection

OMB No. 1545-0047

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	CAROLINA FOR KIBERA	A TNC.					Employer identification number 56 – 2248495	nber 9 5
Part I General Information on Grants and Assistance	and Assistance							
1 Does the organization maintain records to substantiate the amount of the	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	he grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to award the grants or assistance?	stance?						Yes X	ջ ⊠
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Cor recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Domestic Organiz \$5,000. Part II can	zations and Domestic be duplicated if additi	c Governments. (Complete if the organ	anization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any of if additional space is needed.	IV, line 21, for any	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government orç	ganizations listed in th	e line 1 table				•	
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	l table					A	
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)	(9010)

56-2248495

Page 2

Schedule I (Form 990) (2019) CAROLINA FOR KIBERA, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals.

of non- (e) Method of valuation (f) Description of noncash assistance (account (book, FMV, appraisal, other)	0.			Part I, line 2; Part III, column (b); and any other additional information.		EW PROCESS.	OS ARE MADE	PROVIDE	THEIR		
(d) Amount of non- cash assistance				n (b), and any o		ON REVIE	AND AWARDS	IPIENTS	AND		
(c) Amount of cash grant	7,500.			ne 2; Part III, colum		APPLICATION REVIEW	COMMITTEE A	FELLOWSHIP RECIPIENTS PROVIDE	R EXPERIENCE	/ES.	
(b) Number of recipients	2					RIGOROUS	SELECTION CO		ING THEIR	OBJECTIV	
(a) Type of grant or assistance	STUDENT FELLOWSHIPS			Part IV Supplemental Information. Provide the information required in	FORM 990, PART XI, PAGE 10, LINE 2	FELLOWSHIPS ARE AWARDED THROUGH A F	APPLICATIONS ARE REVIEWED BY A SELE	ON MERIT AND PROGRAM DESIGN. STUDENT	INTERIM AND FINAL REPORTS SUMMARIZING	ATTAINMENT OF ASSOCIATED GOALS AND OBJECTIVES.	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CAROLINA FOR KIBERA, INC. **Employer identification number** 56-2248495

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
KIBERA, AN INFORMAL SETTLEMENT IN NAIROBI, KENYA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OTHER INFORMAL SETTLEMENTS GLOBALLY.
FORM 990, PART VI, SECTION A, LINE 8B:
SUBCOMMITTEE COMMUNICATION IS THROUGH EMAIL AND SKYPE AND TAKING FORMAL
MINUTES WOULD BE CHALLENGING.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY THE FINANCE 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 POLICY WHICH IS
REVIEWED AT BOARD MEETINGS. THE CONFLICT OF INTEREST POLICY IS REVIEWED AND
UPDATED EVERY FEW YEARS. ADDITIONALLY, THE EXECUTIVE DIRECTOR SENDS OUT
REGULAR EMAIL UPDATES THAT DESCRIBE NEW PARTNERSHIPS AND APPLICATIONS FOR
SUCH, SO THAT IF ANYONE IS CONNECTED TO THOSE ORGANIZATIONS IT CAN BE
DETERMINED IF A CONFLICT OF INTEREST EXISTS AND WHAT COURSE OF ACTION TO
PURSUE.
FORM 990, PART VI, SECTION B, LINE 15A:
THE SELECTION COMMITTEE REVIEWS COMPENSATION BASED COMPARABLE DATA FROM
UNIVERSITY PAY SCALES AND LOCAL, REGIONAL, AND STATE NON-PROFIT

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page Employer identification number
CAROLINA FOR KIBERA, INC.	56-2248495
ORGANIZATION PAY SCALES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE TO	THE PUBLIC UPON
REQUEST. THE 990 IS ALSO AVAILABLE ON WEBSITES LIKE CHARIT	TY NAVIGATOR
(HTTP://WWW.CHARITYNAVIGATOR.ORG/) AND GUIDESTAR	
(HTTP:/WWW.GUIDESTAR.ORG/).	
FORM 990, PART XII, LINE 2C	
THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT	OVER THE
AUDIT.	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).								
All corpor	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts						
must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.								
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identification numl	oer (TIN)					
print						_					
File by the	CAROLINA FOR KIBERA, INC. 56-2248495										
due date for filing your	Number, street, and room or suite no. If a P.O. box, s		tions.								
return. See	C/O KWH, LLP - P. O. BOX 17										
instructions.	City, town or post office, state, and ZIP code. For a for RALEIGH, NC 27619	oreign add	ress, see instructions.								
Entor the	Return Code for the return that this application is for (file	a copara	to application for each return)			0 1					
			I	<u></u>		∪ ⊥ Return					
Applicati Is For	on	Return Code	Application Is For			Code					
	or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 990		02	Form 1041-A			08					
	0 (individual)	03	Form 4720 (other than individual)			09					
Form 990		04	Form 5227			10					
	I-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
	-T (trust other than above)	06	Form 8870			12					
Ibobo	solve are in the ears of BUX 5145 — CHAI	7 H: I. H	TT.T. NC 27599								
Teleph If the c	books are in the care of \blacktriangleright BOX 5145 - CHAIN none No. \blacktriangleright 919-962-6860 briganization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box \blacktriangleright	s in the Un Group Exe	Fax No. ▶ited States, check this box	f this is for	r the whole group, o						
Teleph If the c If this is box ▶ [1 I retented the left If the control the left If the co	none No. $ ightharpoonup 919-962-6860$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit (s in the Un Group Exe and atta MA anization's	Fax No. ited States, check this box comption Number (GEN)	f this is for all membe	r the whole group, or the whole group, or the extension is upt organization returned.	for.					
Teleph If the c If this is box ▶ [1 I rether the ↓ [2 If the c	programization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box. If it is for part of the group, check this box. Check th	s in the Un Group Exe and atta MA: anization's , ar	Fax No. ited States, check this box emption Number (GEN) I ach a list with the names and TINs of Y 17, 2021, to file return for: ad endingJUN_30, 2020 and Initial return	f this is for all member the exem	r the whole group, or the whole group, or the extension is upt organization returned.	for.					
Teleph If the c If this is box ▶ [I I retthe L I If the c I I retthe I I retthe I I I retthe I I I retthe I I I I I I I I I I I I I I I I I I I	organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box quest an automatic 6-month extension of time untile organization named above. The extension is for the organizat	s in the Un Group Exe and atta MA: anization's , ar	Fax No. ited States, check this box emption Number (GEN) I ach a list with the names and TINs of Y 17, 2021, to file return for: ad endingJUN_30, 2020 and Initial return	f this is for all member the exem	r the whole group, or the whole group, or the extension is upt organization returned.	for. urn for					
Teleph If the c If this is box ▶ [1	organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box quest an automatic 6-month extension of time until organization named above. The extension is for the organization is for Forms 990-BL, 990-PF, 990-T, 4720, his applicat	in the Un Group Exe and atta MA anization's , ar heck reaso	Fax No. ited States, check this box comption Number (GEN) I ach a list with the names and TINs of the return for: Ind ending	f this is for all members the exem	r the whole group, or the whole group, or the extension is upt organization returns	for. urn for					
Teleph If the c If the c If this is box ▶ [1	organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the interest is for a Group Return, enter the organization's four digit of the interest is for part of the group, check this box quest an automatic 6-month extension of time until organization named above. The extension is for the organization are period that year entered in line 1 is for less than 12 months, concluding the control of th	in the Un Group Exe and atta MA anization's , ar heck rease , or 6069,	Fax No. ited States, check this box comption Number (GEN) I cach a list with the names and TINs of Y 17, 2021, to file creturn for: ad endingJUN 30, 2020 con: Initial return enter the tentative tax, less y refundable credits and	f this is for all members the exem	r the whole group, or the whole group, or the extension is upt organization returns	for. urn for					
Teleph If the c If the c If this is box ▶ 1	organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box quest an automatic 6-month extension of time until organization named above. The extension is for the organization accounting the proof of the proof	in the Un Group Exe and atta MA anization's , ar heck rease or 6069, , enter an ayment al	Fax No. ited States, check this box emption Number (GEN) I ach a list with the names and TINs of the return for: Ind endingJUN30_,2020 Initial return Interpretation is a series of the return for: Independent of the return	f this is for all members the exem	r the whole group, or the whole group, or the extension is upt organization returns	for.					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. 2020 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending DEC Check if applicable: C Name of organization D Employer identification number Address change CAROLINA FOR KIBERA, INC. Name change 56-2248495 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 919-962-6362 CAMPUS BOX 5145 288,984. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 27599-5145 CHAPEL HILL, NC H(a) Is this a group return Applica-tion pending F Name and address of principal officer: RYE BARCOTT for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527) **◄** (insert no.) If "No," attach a list. See instructions J Website: ► CAROLINAFORKIBERA.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -L Year of formation: 2001 M State of legal domicile: NC Part I Summary Briefly describe the organization's mission or most significant activities: TO OFFER PRIMARY HEALTHCARE Activities & Governance EDUCATION AND LIVELIHOODS, AND GIRLS EMPOWERMENT PROGRAMS, if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Current Year Prior Year** 1,406,286. 292,550. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. Ο. 9 Program service revenue (Part VIII, line 2g) 76.446. -3,566. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 1,482,732. 288,984 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 352,555. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 734,750. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 213,118. 104,011. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 117,813. 49,124. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,065,681. 505,690. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 417,051. -216,706. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 3,405,845. 3,329,429. 20 Total assets (Part X, line 16) 33,374. 3,088. 21 Total liabilities (Part X, line 26) 326,341. 372,471 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign FRANCIS KIBET, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00166372 PAUL MILLER Paid self-employed Firm's name KOONCE, WOOTEN & HAYWOOD, LLP Firm's EIN ▶ 56-0517823 Preparer

RALEIGH, NC 27619-7806

Firm's address P. O. BOX 17806

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

X Yes

Phone no. 919-782-9265

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CAROLINA FOR KIBERA (CFK) EXISTS TO DEVELOP LOCAL LEADERS, CATALYZE
	POSITIVE CHANGE, AND ALLEVIATE POVERTY IN THE INFORMAL SETTLEMENT OF
	KIBERA IN NAIROBI, KENYA. CFK COMBINES SERVICE WITH RESPONSIBLE
	RESEARCH TO INFORM AND ASSIST PARTICIPATORY DEVELOPMENT IN KIBERA AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 430 , 329 • including grants of \$ 352 , 555 •) (Revenue \$)
	CAROLINA FOR KIBERA (CFK) EXISTS TO DEVELOP LOCAL LEADERS, CATALYZE
	POSITIVE CHANGE, AND ALLEVIATE POVERTY IN THE INFORMAL SETTLEMENT OF
	KIBERA IN NAIROBI, KENYA. CFK COMBINES SERVICE WITH RESPONSIBLE
	RESEARCH TO INFORM AND ASSIST PARTICIPATORY DEVELOPMENT IN KIBERA AND
	OTHER INFORMAL SETTLEMENTS GLOBALLY.
41-	
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4-1	Other pregram comitions (Describe on Schodule O.)
4d	
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 430,329 •
40	Total program service expenses 430,329.

Form 990 (2020) CAROLINA FOR KIBERA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 I	6		Х
7	Did 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			X
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
Ŋ	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <u>., </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	٠.٠		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x

Form 990 (2020) CAROLINA FOR KIBERA,
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			٦,
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			 ₩
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
00	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	36		x
37	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	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ᆜ
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	v	
007	(gambling) winnings to prize winners?	1c	y S	(2020)
032004	. 12-23-20	rorm	J J U	(ZUZU)

Form 990 (2020) CAROLINA FOR KIBERA, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, Iga 6					Yes	No
b If a 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 a-fine (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 390-T for this year? If "No" to the 3b, provide an explanation on Schedule O 3b Learn and the during the calendary awar, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) or the financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes," indire the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization of FINCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5c Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization the fore m889e 17 6c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c VA b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8282 filed during the year 1 Organizations that may receive deductible contributions and partly for goods and services provided to the payor? 7b If the organization received a contribution of qualified intellectual property for which it was required to file Form 8282? 7c If If the organization received a contribution of oras, boats, siplanes, or o	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _e.fie (see instructione) Jab Did the organization have unrelated business gross income of \$1,000 or more during the year? A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? for this year? If "No" to line 8b, provide an explanation on Schedule O Jab Did any taxount in a foreign country (such as a bank account, securities account or other financial account)? See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of Filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of Filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for Filing Report of the organization file Form 8889.7? See instructions for Filing Report of Part of Par		filed for the calendar year ending with or within the year covered by this return	2a 6			
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendary year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). 5b If "Yes," interest the name of the foreign country. 5c Was the organization as party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions. 6c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes" to line organization that were not tax deductible as charitable contributions. 6c If "Yes" to line organization that were not tax deductible as charitable contributions under section 170(c). 6c If "Yes" is did the organization for line down or line that were not tax deductible? 6c Organization start may receive deductible contributions under section 170(c). 6d If "Yes," individual that is under the section 170(c). 6d If "Yes," individual that is under the section 170(c). 6d If "Yes," individual that is under the section 170(c). 6d If "Yes," individual that is under the section 170(c). 6d If "Yes," individual that is under the section 170(c). 7d If "Yes," individual that is under the section 170(c). 8d If "Yes," individual that is under t	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
Section 501 Test, 1 Section 502 Test this year? If "No' to fine 3b, provide an explanation on Schedule O Section 502 Section 503 Section 503 Section 504		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account)? b If "Yes," enter the name of the foreign country ▶ see instructions for filing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or 5b, did the organization file form 888617? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization colicit any contributions that may receive deductible contributions under section 170(c). 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Obes the organization state and contribution of the value of the goods or services provided? 7d Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms 8282 filed during the year 7e If the organization organization order than 1822 filed during the year 7g If the organization received a contribution of cualified intellectual property, did the organization file a Form 1098-07 7b Did the organization received a contribution of cualified intellectual property, did the organization file a Form 1098-07 7d If the organization received a contribution of cualified intellectual property, did the organization file Form 8899 as required?	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
financial account in a foreign country September	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6	0	3b		
b if "Yes," either the name of the foreign country. ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization aparty to a prohibited tax shelter transaction? 59 Was the organization for the organization fill form 88897. 50 If "Yes" to line Sar of Sb, did the organization filler form 88897. 50 Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the were not tax deductible as charitable contributions? 50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50 If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 51 If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor? 52 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 52 If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 53 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 54 If "Yes," indicate the number of Forms 8282 filed during the year 55 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 56 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 56 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 57 If the organization have excess business holdings at any time during the year? 58 Sponsoring organization make any taxable distributio	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did have the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization notify the donor of the value of the goods or services provided? 9 Did the organization necelve apprentin excess of \$76 made partly as a contribution of under the payor? 7a X 7b If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization for pay and pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee Form 8892 as required? 10 Did the organization make any taxable distributions under section 4966? 11 Did the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 12 Section 4947(a) Tin one-exempt charitable funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 12 Section 4947(a) Union-exempt charitable funds. Did a donor advised fund maintained by the sponsoring organization make		financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 6c N	b					
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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? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		` `				
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	13			15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				13		<u> </u>
,	16		income?	16		Х

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	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			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
Ŭ	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•		15a	Х	
d L	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15b	-23	х
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		>
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		21
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	c only)	availa	hla
10	for public inspection. Indicate how you made these available. Check all that apply.	orny)	avalld	NI C
10		lfinas	oiol	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	mano	Jal	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records PETH-ANN KUTCHMA - 919-962-6860			
	301 PITTSBORO ST UNC CAMPUS BOX 5145, CHAPEL HILL, NC 27599-51	<u>4</u> 5		
	DOT LITTODONO DI DNC CAMPOD DON DITO, CHAPEN HINN, NC 2/333-31	ェリ		

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- 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, if any. See instructions for definition of "key employee."
- 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box, unles		ss per	son i	s both	n an	compensation	compensation	amount of
	week	-	cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trustee or director	Institutional trustee		ee/	mpen		(***-27 1099-181130)		and related
	below	dual t	utiona	<u>_</u>	Key employee	st co	<u>ا</u>			organizations
	line)	Individual 1	Instit	Officer	Key e	Highest compensated employee	Former			
(1) BETH-ANN KUTCHMA	40.00									
DIRECTOR OF STRATEGIC PART				Х				88,780.	0.	0.
(2) RYE BARCOTT	4.00									
CHAIR		Х		Х				0.	0.	0.
(3) FRANCIS KIBET	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) BRETT BULLINGTON	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(5) RON STRAUSS	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(6) JENNIFER COFFMAN	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(7) CLAIRE ROTICH	1.00	1								
DIRECTOR		Х						0.	0.	0.
(8) JIM HERRINGTON	1.00									
DIRECTOR	4 00	Х						0.	0.	0.
(9) JOSEPH NGANGA	4.00	ļ							•	
SECRETARY	1 00	X		Х		_		0.	0.	0.
(10) GEORGE KURIA	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(11) DICKSON OMONDI	1.00	٠,,							0	•
DIRECTOR	1 00	Х				_		0.	0.	0.
(12) JIM PEACOCK	1.00	. ,							0	0
DIRECTOR, HONORARY MEMBER		Х						0.	0.	0.
		-								
-		-		_		\vdash				
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		1								
		1								

032007 12-23-20 Form **990** (2020)

Section A	A. Officers, Directors, Trus		ploy 	ees,			ghes	st C				(F)	
Nom	(A)	(B) Average			Pos	C) itior	า		(D)	(E)		(F)	to d
Nam	ne and title	hours per		not c	heck i	more	than		Reportable compensation	Reportable compensation		Estimat amount	
		week					or/trus		from	from related		othe	
		(list any	ector						the	organization		compens	ation
		hours for related	or dir	, e			ated		organization	(W-2/1099-MIS	SC)	from tl	
		organizations	ustee	trust		e e	suadı		(W-2/1099-MISC)			organiza and rela	
		below	lual tr	tional	١.	yoldı	st con					organizat	
		line)	Individual trustee or director	nstitutional trustee	Offlicer	Key employee	Highest compensated employee	Former				J	
				 -				<u> </u>					
			1										
			<u> </u>	_	_		_					<u> </u>	
			1										
				_									
			4										
				\vdash							-		
			1										
1b Subtotal								▶	88,780.		0.		0.
c Total from con	tinuation sheets to Part VI	I, Section A							0.		0.		0.
	s 1b and 1c)							<u> </u>	88,780.		0.		0.
	findividuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	Э		^
compensation fi	rom the organization										—	Yes	0 No
3 Did the organiza	ation list any former officer,	director trust	ا مم	(0)/ (ampl	OVA	Or	hio	sheet compensated emp	lovee on	1	163	140
ū	" complete Schedule J for s	•		•	•	•	•	_		•		3	X
	ial listed on line 1a, is the su								ner compensation from t				1
	anizations greater than \$150											4	Х
	listed on line 1a receive or a												
rendered to the	organization? If "Yes." com	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	son					5	X
Section B. Independ													
	able for your five highest co										pensa	tion from	
the organization	n. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	ithin	the organization's tax y (B)	ear.		(C)	
	(A) Name and business	address	N	INC	₹.				Description of s	ervices	С	compensation	on
											ı		
								\dashv					
O Tetalian I o	tinden and set seed to 2	a alto aller er l	- e · ·	:-	J 2	Ale:			ale accel color and	Ma			
	f independent contractors (in mpensation from the organized from the o		ot IIr	nited	J (0)	tnos)	_	ted	above) who received mo	ore than			
ψ 100,000 01 001	nponoation nom tile organi.	Lation										- 000	

56-2248495

Form 990 (2020) CAROLIN
Part VIII Statement of Revenue

			Check if Schedule O	onta	ains a r	esponse	or note to anv lin	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
တ္ တ	1	l a	Federated campaigns			1a					
ant	•		Membership dues			1b					
اع ق			Fundraising events			1c					
fts, r A			Related organizations			1d					
2 8			Government grants (contri			1e					
Sir			All other contributions, gifts,		′ 1						
et j		•	similar amounts not included			1f	292,550.				
얼		g	Noncash contributions included in			1g \$	1,196.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f	iiiics i	ا ۱۱-۵	·gγ		292,550.			
<u> </u>			Total: Add lines fa ff				Business Code	2,2,3301			
	2	2 a									
je	_	b									
iue		C									
Wer S		d									
gra		e	-								
Program Service Revenue			All other program service	rovor	2110						
_			Total. Add lines 2a-2f	evei	iue						
	3		Investment income (includ	lina (dividen	nds intere	est and				
	Ŭ		other similar amounts)					-3,566.	-3,566.		
	4		Income from investment of								
	5		Royalties			-					
	Ŭ		noyaraes			Real	(ii) Personal				
	6	. .	Gross rents	6a	· · · ·		()				
	·		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)				<u> </u>				
	7		Gross amount from sales of	<u> </u>	(i) Se	ecurities	(ii) Other				
	•	_	assets other than inventory	7a			,				
		h	Less: cost or other basis	<u> </u>							
<u>a</u>		-	and sales expenses	7b							
enc		c		7c							
Ş.			Net gain or (loss)								
her Revenue	8		Gross income from fundraising								
Oth	Ī	_	including \$								
			contributions reported on								
			Part IV, line 18		,						
		b	Less: direct expenses					1			
			Net income or (loss) from								
	9		Gross income from gamin								
			Part IV, line 19	-							
		b	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory, I								
			and allowances			10a	1				
		b	Less: cost of goods sold								
			Net income or (loss) from				>				
							Business Code				
Miscellaneous Revenue	11	l a									
ane inuk		b									
eve		С									
Aisc B		d	All other revenue			_ 					
2			Total. Add lines 11a-11d				>				
	12		Total revenue. See instruction					288,984.	-3,566.	0.	0.

56-2248495

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule Contains a response or note to any line in this Part IX City Donot include amounts reported on lines 6b, 78, 8b, 9b, and 10b of Part VIV. Fundament of the Part VIV. Fundament of the Program service expenses Fundament of the Program service Fundament of the	36011	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response			ipiete coluiriii (ry.	
		• 1		(B)	(C)	_ (D)
Caritals and other assistance to demestic organizations and domestic governments. See Part IV, line 21 10,420			Total expenses			
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to r for members Compensation of current officers, directions, trustees, and key symployees Compensation of included above to disqualified persons (see officer under section 4956(K)) and persons described in section 4956(K) and persons described 4				сдренесс	general expenses	одрогиесь
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Individuals. See Part N, line 22 10, 420. 10, 420. 342, 135. 342, 13	2					
3 Grants and other assistance to foreign organizations, foreign promements, and foreign individuals. See Part IV, lines 15 and 18			10,420.	10,420.		
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 342,135 342,135 342,135 342,135 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 51,858 31,115 15,557 5,186 Compensation of current officers, directors, trustees, and key employees 51,858 31,115 15,557 5,186 Compensation of current officers, directors, trustees, and key employees 51,858 31,115 15,557 5,186 Compensation of current officers, directors, and persons described in section 498(k(r)) and approximation of the persons of the persons and contributions (include section 401(k)) and 403(b) employer contributions (include section 401	3		,	,		
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### Description of current officers, directors, trustees, and key employees			342,135.	342,135.		
5 Compensation of current officers, directors, trustees, and key employees 51,858. 31,115. 15,557. 5,186. 6 Compensation not included above to disqualified persons (as defined under section 4958(f(1)) and persons described in section 4958(f(1)) and 40(1) employer contributions (include section 40 (it)) and 40(1) employer contributions (it) and 4	4		,	,		
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6 Compensation not included above to disqualified persons (as defined under section 4958(t)(3)(8) 7 Other salaries and wages 8 Pension plan acrusals and contributions (include section 401(k) and 403(t) employer contributions) 9 Other employee benefits 1,647. 1,112. 453. 82. 10 Payroll taxes 7,306. 4,603. 2,119. 584. 11 Feas for services (nonemployees): a Management b Legal c Accounting 11 Legal c Accounting 12 Legal c Accounting 13 Office expenses 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list fine 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any foderal, state, or local public officials 19 Conferences, conventions, and meetings 10 Insurance 19 Payments to affiliates 20 Eppreciation, depletion, and amontization 13 Office expenses or fine 24e expenses on 10 139. 18 Payments to affiliates 19 Conferences, conventions, and meetings 10 Insurance 11 Payments to affiliates 12 Depreciation, depletion, and amontization 13 Office expenses 15 ANNUAL REPORT 15 PAYROLL, BANK & PROCESS 15,500. 2,750. 550. 2,200. 2,750. 590. 2,750. 550. 2,200. 2 Ald the expenses on Schedule (.) 2 Payments to affiliates 15 PAYROLL, BANK & PROCESS 1,500. 2,750. 550. 2,200. 2 POSTAGE & SHIPPING 2 All other expenses. Entire to repart at the payments of the siline only if the organization reported in column (8) init costs from a combined educational campalgy and fundraising solicitation. 2 Cross here in 1 Insurance (1,500.) 3 Insurance 4 Office expenses Shipping 5 Adventises the siline only if the organization reported in column (8) init costs from a combined educational campalgy and fundraising solicitation. 2 Cross here in 1 Insurance (1,500.) 3 Insurance (1,500.) 4 All other expenses Shipping 5 Adventises (1,500.) 5 All oth		•	51,858.	31,115.	15,557.	5,186.
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8 Pension plan accruals and contributions (include section 40 (IK) and 403(b) employer contributions) 9 Other employee benefits	7		43,200.	28,578.	12,296.	2,326.
Section 40 (k) and 403(b) employer contributions) Chere remployee benefits 1,647. 1,112. 453. 82. Other employee benefits 7,306. 4,603. 2,119. 584. Fees for services (nonemployees):			,	•	,	•
9 Other employee benefits	=	,				
10 Payroll taxes	9		1,647.	1,112.	453.	82.
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17 Travel 617 . 309 . 308 . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings	16		1,269.		1,269.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings	17		617.	309.		308.
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educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26	Joint costs . Complete this line only if the organization				
Check here if following SOP 98-2 (ASC 958-720)		1, 7, 1				
		educational campaign and fundraising solicitation.				
		Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X | Balance Sheet

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	88,968.	1	250,191.		
	2	Savings and temporary cash investments	1,313,917.	2	1,373,317.		
	3	Pledges and grants receivable, net	405,000.	3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ts.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10k	4,679.	361.	10c	1,896.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir	1,521,045.	12	1,780,441.		
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			138.	15	
	16	Total assets. Add lines 1 through 15 (must e			3,329,429.	16	3,405,845.
	17	Accounts payable and accrued expenses	3,088.	17	33,374.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
iab.		controlled entity or family member of any of t	-			22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
	00	of Schedule D			3,088.	25	33,374.
	26	Total liabilities. Add lines 17 through 25	-11-1-	V	3,000.	26	33,3/4.
တ္က		Organizations that follow FASB ASC 958, o	спеск пе	re 🕨 🔼			
nce	07	and complete lines 27, 28, 32, and 33.			1,457,684.	27	1,382,462.
ala	27	Net assets with depar restrictions	1,868,657.	28	1,990,009.		
d B	28	Net assets with donor restrictions			1,000,037.	20	1,550,005.
-u		and complete lines 29 through 33.	C 956, C	leck fiere			
or I	20		ndo.			29	
Net Assets or Fund Balances	29 30	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, o				30	
\ss(30 31	Retained earnings, endowment, accumulated		T T		31	
et /	31				3,326,341.	32	3,372,471.
ž	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances			3,329,429.	33	3,405,845.
	JJ	Total liabilities and het assets/fund balances			3,343,443.	აა	5,405,045.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2			<u>84.</u> 90.
3	Revenue less expenses. Subtract line 2 from line 1	3	-21	6,7	06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,32	6,3	41.
5	Net unrealized gains (losses) on investments	5	26:	2,8	36.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	40	3,37	2 /	71
Pa	column (B)) rt XIII Financial Statements and Reporting	10	3,37	<u>4,4</u>	<i>/</i> _ •
ı u					X
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			100	110
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on School				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	au avalita, avalaja vilav au Calaadiula O aud daasilla asuvataus talvas ta vindavas avala avalita		01-		1

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** CAROLINA FOR KIBERA, 56-2248495 INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	702,666.	601,774.	843,927.	1406286.	292,550.	3847203.	
2	Tax revenues levied for the organ-							
	ization'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							
4	Total. Add lines 1 through 3	702,666.	601,774.	843,927.	1406286.	292,550.	3847203.	
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)						1997452.	
	Public support. Subtract line 5 from line 4.						1849751.	
Sec	ction B. Total Support				.			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	702,666.	601,774.	843,927.	1406286.	292,550.	3847203.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	2,967.	11,457.	20,628.	8,818.	0.	43,870.	
9	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 VI.)							
11	Total support. Add lines 7 through 10						3891073.	
12	Gross receipts from related activities,	•	,			12		
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	. —	
800	organization, check this box and stop						>	
	etion C. Computation of Publi			- L (D)		44	47.54 %	
14	Public support percentage for 2020 (li					14 15	46 44	
15	Public support percentage from 2019							
ıva	33 1/3% support test - 2020. If the c							
L	stop here. The organization qualifies 33 1/3% support test - 2019. If the o							
U		•				•		
17~	and stop here. The organization qual 10% -facts-and-circumstances test							
11 d	and if the organization meets the facts	ū					·	
	meets the facts-and-circumstances te		•	•		· ·	. .	
h	10% -facts-and-circumstances test	•	·					
,	more, and if the organization meets th	-					1070 OI	
	,		·					
18	•							
18	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	siow, piease comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and 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 business 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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) 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						
	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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
80	check this box and stop here	a Cumpart Day					>
	etion C. Computation of Publi			1 (0)		145	
	Public support percentage for 2020 (li		•	column (t))		15	<u>%</u>
	Public support percentage from 2019 etion D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2020. If the						
.56	more than 33 1/3%, check this box ar						▶ □
k	33 1/3% support tests - 2019. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
00	line 18 is not more than 33 1/3%, che						P
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	ns box and see ins	structions	P

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
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ŀ	3a		
ľ	3b		
ļ	3c		
L	_		
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	4b		
ľ	4c		
ľ	5a		
L			
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1			
ŀ	8		
	9a		
1			
ŀ	9b		
1	90		
	9c		
	10a		
ſ			
	10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrated	d Type III supporting orga	nization (see
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2020

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ovido dotalio III		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	s	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part	— F Ii S	art IV, and IV	Section A art IV, Se	A, lines 1, ection D, l 5, 6, and 8	2, 3b, 3 ines 2 a	c, 4b, 4c, nd 3; Part	5a, 6, IV, Sec	9a, 9b, 9 ction E, li	c, 11a, 11 nes 1c, 2a	d by Part I b, and 11d a, 2b, 3a, a llso compl	; Part and 3b	IV, Section; Part V, I	on B, lir ine 1; F	nes 1 and Part V, Se	2; Part l' ction B, l	V, Section C, line 1e; Part V,
FORI	M 99	0, s	CHED	ULE A	A, PA	RT V										
ORG	ANIZ	ATIC	N IS	CHAN	GING	THE	R F	ISCA	L YEA	R END	FRO	OM JU	NE 3	30 TO	DECE	EMBER
31.	THI	S FI	SCAL	YEAR	IS	A SHO	ORT	YEAR	FROM	JULY	1,	2020	то	DECE	MBER	31,
2020).															
-																

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization Employer identification number

CAROLINA FOR KIBERA 56-2248495 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

CAROLINA FOR KIBERA, INC.

56-2248495

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000 . _	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 10,158.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CAROLINA FOR KIBERA, INC.

56-2248495

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CAROLINA FOR KIBERA, INC.

56-2248495

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** CAROLINA FOR KIBERA 56-2248495 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CAROLINA FOR KIBERA, INC. **Employer identification number** 56-2248495

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(h) Funda and other accounts
	Tatal accept as at and of cons	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year Did the organization inform all donors and donor advisors in w	witing that the access hold in depar advi	L cod fundo
	are the organization's property, subject to the organization's e	_	
	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
Par			
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (for example, recreat	`	of a historically important land area
	Protection of natural habitat	. —	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
	listed in the National Register		2d
	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnot	S .	nents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tracquires or O	ther Similar Assets
Pai			ther Sillinar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ	· · · · · · · · · · · · · · · · · · ·	·
	service, provide in Part XIII the text of the footnote to its finance		
	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
	If the organization received or held works of art, historical trea		ai gain, provide
	the following amounts required to be reported under FASB AS	_	•
	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		

		FOR KIBER				248495 Page 2		
Pai	rt III Organizations Maintaining Col	lections of Art	, Historical Tre	asures, or Othe	r Similar Asset	S (continued)		
3	Using the organization's acquisition, accession	, and other records	, check any of the f	ollowing that make s	significant use of its			
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain	how they further th	e organization's exe	mpt purpose in Par	XIII.		
5	During the year, did the organization solicit or r	eceive donations of	f art, historical treas	sures, or other simila	r assets			
	to be sold to raise funds rather than to be main					Yes No		
Par	t IV Escrow and Custodial Arrange	ements. Comple	te if the organization	n answered "Yes" or	n Form 990, Part IV,	line 9, or		
	reported an amount on Form 990, Part	*						
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for contributions	or other assets not	included			
	on Form 990, Part X?				[Yes No		
b	If "Yes," explain the arrangement in Part XIII an							
						Amount		
С	Beginning balance				1c			
d	Additions during the year				1d			
	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Forr	lity?	Yes X No					
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the exp	olanation has been j	orovided on Part XIII				
Pai	rt V Endowment Funds. Complete if t	he organization ans	wered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back		
1a	Beginning of year balance	1,521,045.	1,565,412.	1,527,869.	1,428,160	1,343,639.		
b	Contributions		495.					
	Net investment earnings, gains, and losses	259,396.	29,436.	110,694.	171,542	155,197.		
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs		74,298.	73,151.	71,833	70,676.		
f	Administrative expenses							
g	End of year balance	1,780,441.	1,521,045.	1,565,412.	1,527,869	1,428,160.		
2	Provide the estimated percentage of the currer	nt year end balance	(line 1g, column (a)) held as:				
а	· · · · · · · · · · · · · · · · · · ·	15.0000	%	•				
b	Permanent endowment ► 66.0000	%	_					
С	Term endowment ▶ 19.0000 %							
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.						
За	Are there endowment funds not in the possess		ion that are held an	d administered for t	he organization			
	by:	3			3	Yes No		
	(i) Unrelated organizations					3a(i) X		
b	(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b							
4	Describe in Part XIII the intended uses of the or					. [52]		
Par	rt VI Land, Buildings, and Equipmen							
	Complete if the organization answered		Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or ot			Accumulated	(d) Book value		
	,	basis (investm			epreciation	() = = = = :		
12	Land	<u> </u>						

1,896. Schedule D (Form 990) 2020

1,896.

4,679.

6,575.

e Other

b Buildings c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Schedule D (Form 990) 2020 CAROLINA FOI	R KIBERA, INC.	56	-2248495 _{Page}
Part VIII Investments - Other Securities.	on Form COO Bort IV line 1	1h Can Farm 000 Dort V line 10	
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(1) Financial derivatives	(b) Book value	(e) method of valuation: coot of ond	or your market value
(2) Closely held equity interests			
(3) Other			
(A) POOLED ENDOWMENT FUNDS			
(B) HELD BY UNIVERSITY	1,780,441.	END-OF-YEAR MARKET	VALUE
(C)	, ,		-
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,780,441.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	<u>15.)</u>	_	
Complete if the organization answered "Yes"	on Form 990. Part IV line 1	1e or 11f. See Form 990 Part X line 25	
1. (a) Description of liability	5 555, 1 41117, 1110 1	15 5	(b) Book value
(1) Federal income taxes			(1)
(2)			
(2)			

(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

032054 12-01-20 Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

Employer identification number

CAI	ROLINA FOR KI	BERA, INC	7.		56-224849	5
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
	Form 990, Part IV	/, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes X No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance outsi	de the
3		ne following Part	I line 3 table ca	n be duplicated if additional space is n	leeded)	
<u> </u>	(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	is a program service,	expenditures for and investments in the region
					PROVIDES PRIMARY HEALTHCARE, EDUCATION AND LIVELIHOODS, AND	
UB-	-SAHARAN AFRICA	0	0	PROGRAM SERVICES	GIRLS EMPOWERMENT	342,135.
	Subtotal	0	0			342,135.
	Total from continuation sheets to Part I	0	0			0.
С	Totals (add lines 3a	0	0			342 135.

56-2248495

Schedule F (Form 990) 2020

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other)	AMA				 	Schedule F (Form 990) 2020
(h) Description of noncash assistance	DUTY FOR KENYAN					Sched
(g) Amount of noncash assistance	1,196.				ax	
(f) Manner of cash disbursement	WIRE TRANSFER & US PAYMENT OF DIRECT 340,939, KENYA EXPENSES				<u> </u>	
(e) Amount of cash grant	340,939.				foreign country, r tion 501(c)(3) equ	r.
(d) Purpose of grant	MAINTAIN PRIMARY HEALTHCARE SERVICES AND COORDINATED EDUCATION AND				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	SNOTHGIADSAC (C)
(c) Region	SUB-SAHARAN AFRICA				is listed above that are r	NMILION
(b) IRS code section and EIN (if applicable)	,				recipient organization nization by the IRS, o	CEE DART V
1 (a) Name of organization					2 Enter total number of exempt 501(c)(3) organ	SETTING TOTAL TOTAL STATE TO A RETURN STATE TO A

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2020 CAROLINA FOR KIBERA, INC. 56–2248495

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

Page 3

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2020
(g) Description of noncash assistance					Schedu
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Page 5

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
MONTHLY PROGRAM REPORTS ARE REVIEWED BY MANAGEMENT AND THE BOARD OF
DIRECTORS EXECUTIVE COMMITTEE.
PART I, LINE 3, COLUMN (E):
REGION: SUB-SAHARAN AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDES PRIMARY HEALTHCARE,
EDUCATION AND LIVELIHOODS, AND GIRLS EMPOWERMENT PROGRAMS IN KIBERA, AN
INFORMAL SETTLEMENT OF KIBERA IN NAIROBI, KENYA.
PART II, COLUMN (D):
REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: MAINTAIN PRIMARY HEALTHCARE SERVICES AND
COORDINATED EDUCATION AND LIVELIHOODS PROGRAMS, WITH A SPECIAL ATTENTION
TO GIRLS, IN THE INFORMAL SETTLEMENT OF KIBERA IN NAIROBI, KENYA. ALL
PROGRAMS ARE ADMINISTERED BY CFK-KENYA.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

% ⊠ **Employer identification number** Schedule I (Form 990) 2020 56-2248495 Open to Public Inspection (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ▶ Go to www.irs.gov/Form990 for the latest information. (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. INC Enter total number of other organizations listed in the line 1 table CAROLINA FOR KIBERA, General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part I Part II

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2020

Part III Grants and Oth

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT FELLOWSHIPS	к	10,420.	.0		FORM 990, PART XI, PAGE 10, LINE 2 FELLOWSHIPS ARE AWARDED
Part IV Supplemental Information. Provide the information required in		2; Part III, column	(b); and any other ad	Part I, line 2; Part III, column (b); and any other additional information.	

(F) DESCRIPTION OF NON-CASH ASSISTANCE:

LINE 2 PAGE 10, PART XI, FORM 990, FELLOWSHIPS ARE AWARDED THROUGH A RIGOROUS APPLICATION REVIEW PROCESS

NO APPLICATIONS ARE REVIEWED BY A SELECTION COMMITTEE AND AWARDS ARE MADE

MERIT AND PROGRAM DESIGN.

STUDENT FELLOWSHIP RECIPIENTS PROVIDE INTERIM AND FINAL REPORTS

SUMMARIZING THEIR EXPERIENCE AND THEIR ATTAINMENT OF ASSOCIATED GOALS AND

OBJECTIVES. 032102 11-02-20

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CAROLINA FOR KIBERA, INC.

Employer identification number 56-2248495

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KIBERA, AN INFORMAL SETTLEMENT IN NAIROBI, KENYA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OTHER INFORMAL SETTLEMENTS GLOBALLY.

FORM 990, PART VI, SECTION A, LINE 4:

THIRD AMENDED AND RESTATED BYLAWS ADOPTED AUGUST 14, 2020. COPY OF BYLAWS THE FOLLOWING WAS REVISED/UPDATED. ATTACHED. ARTICLE III, SECTION III.2 CHANGING THE MINIMUM NUMBER OF DIRECTORS FROM ONE TO THREE. ARTICLE III, SECTION III.3 UPDATING THE TERM OF OFFICE FROM ONE TO THREE. ARTICLE III, SECTION III.4 DELETING VICE CHAIRPERSON REFERENCES. ARTICLE III, SECTION III.11 UPDATING HOW DIRECTORS MAY BE REIMBURSED FOR EXPENSES. ARTICLE III. SECTION 12 UPDATING RESPONSIBILITIES OF BOARD MEMBERSHIP. ARTICLE IV, SECTION IV.4 UPDATING THE BOARD OF ADVISORS TO "ADVISORY COUNCIL". ARTICLE IV, SECTION IV.5 UPDATING LENGTH OF TERM FOR CHAIRPERSON OR COMMITTEE NOMINEE. ARTICLE V, SECTION V.1 UPDATING OFFICER APPOINTMENTS. ARTICLE V, SECTION V.2 UPDATING TERM OF OFFICE. ARTICLE V, SECTION V.3A. UPDATING DUTIES OF EXECUTIVE DIRECTOR. ARTICLE V, SECTION V.3C. UPDATING DUTIES OF TREASURER. ARTICLE V, SECTION V.4 WAS DELETED CONCERNING AGENTS AND EMPLOYEES. ARTICLE V, SECTION V.4 (FORMALLY V.5) UPDATING COMPENSATION OF OFFICERS, AGENTS AND EMPLOYEES.

FORM 990, PART VI, SECTION A, LINE 8B:

SUBCOMMITTEE COMMUNICATION IS THROUGH EMAIL AND SKYPE AND TAKING FORMAL

MINUTES WOULD BE CHALLENGING.

Name of the organization

CAROLINA FOR KIBERA, INC.

Employer identification number
56-2248495

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE FINANCE 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 POLICY WHICH IS
REVIEWED AT BOARD MEETINGS. THE CONFLICT OF INTEREST POLICY IS REVIEWED AND
UPDATED EVERY FEW YEARS. ADDITIONALLY, THE EXECUTIVE DIRECTOR SENDS OUT
REGULAR EMAIL UPDATES THAT DESCRIBE NEW PARTNERSHIPS AND APPLICATIONS FOR
SUCH, SO THAT IF ANYONE IS CONNECTED TO THOSE ORGANIZATIONS IT CAN BE
DETERMINED IF A CONFLICT OF INTEREST EXISTS AND WHAT COURSE OF ACTION TO
PURSUE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE SELECTION COMMITTEE REVIEWS COMPENSATION BASED ON COMPARABLE DATA FROM
UNIVERSITY PAY SCALES AND LOCAL, REGIONAL, AND STATE NON-PROFIT
ORGANIZATION PAY SCALES.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE TO THE PUBLIC UPON

REQUEST. THE 990 IS ALSO AVAILABLE ON WEBSITES LIKE CHARITY NAVIGATOR

(HTTP://www.Charitynavigator.org/) AND GUIDESTAR

(HTTP://www.GUIDESTAR.org/).

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OVER THE AUDIT.

THIRD AMENDED AND RESTATED BYLAWS

OF

CAROLINA FOR KIBERA, INC.

A NORTH CAROLINA NONPROFIT CORPORATION WITH

NO MEMBERS

(formed under the North Carolina Nonprofit Corporation Act)

As adopted on August 14, 2020

ARTICLE I

Offices

Section I.1 Location. The principal office of Carolina for Kibera, Inc. (the "Corporation") shall be located within or without the State of North Carolina, at such place as the Board of Directors shall from time to time designate. The Corporation may maintain additional offices at such other places as the Board of Directors may designate. The Corporation shall continuously maintain within the State of North Carolina a registered office at such place as may be designated by the Board of Directors.

ARTICLE II

Members

Section II.1 No Members. The Corporation shall have no members.

ARTICLE III

Board of Directors

Section III.1 Power of Board and Qualification of Directors. Except as otherwise provided in the Articles of Incorporation, the Board shall manage the Corporation.

Section III.2 Number of Directors. The number of directors of the Corporation shall consist of a minimum of three (3), with the number of directors constituting the Board to be determined from time to time by the Board. The minimum number of directors may be increased by amendment to the Bylaws. No decrease in the number of directors shall have the effect of shortening the term of any incumbent director.

Section III.3 Election and Term of Directors. The initial Board of Directors of the Corporation shall consist of those persons named in the Articles of Incorporation. Such persons shall hold office until the first election of directors. Thereafter, at each annual meeting of the Board of Directors, the Board shall elect directors, each director to hold office for a term of three years until the next annual meeting of the directors and until his or her successor has been elected and qualified.

Section III.4 Chairperson of the Board of Directors. Every three years at the annual meeting of the Board of Directors, the Board shall elect a Chairperson. The Chairperson will be responsible for running the regular and special meetings of the Corporation, and will be responsible for keeping the directors informed of the activities of the Corporation. Such Chairperson may resign at any time by giving notice to the Board. The Chairperson may appoint and delegate any Chairperson responsibilities to a Vice Chairperson. Upon a vacancy of the Chairperson, the Board may appoint a Vice Chairperson as replacement Chairperson or may elect a different replacement Chairperson by majority vote of the Directors currently serving on the Board.

Section III.5 Vacancies. Any vacancy occurring in the Board of Directors and any directorship to be filled by reason of an increase in the number of directors, may be filled by the affirmative vote of a majority of the directors then in office though less than a quorum of the Board. A director elected to fill a vacancy shall be elected for the unexpired term of his or her predecessor in office and until his or her successor is elected and qualified.

Section III.6 Removal of Directors. A director may be removed with cause at any time by action of the Board, provided that such action is taken at a meeting of the Board called expressly for that purpose. Removal requires a majority of board members approval.

Section III.7 Resignations. Except as otherwise required by law, any director of the Corporation may resign at any time by giving written notice to the Board or to the Executive Director or to the Secretary of the Corporation. Such resignation shall take effect at the time specified therein, and unless otherwise specified therein, no acceptance of such resignation shall be necessary to make it effective.

Section III.8 Quorum of Directors and Action by the Board. Unless a greater proportion is required by law, a majority of the number of directors shall constitute a quorum for the transaction of business. Except as otherwise provided by law or by the Articles of Incorporation or these Bylaws, the act of a majority of the directors present at a meeting at which a quorum is present shall be the act of the Board.

Section III.9 Meetings of the Board. Meetings of the Board of Directors, regular or special, may be held at such place within or without the State of North Carolina, and upon such notice as may be prescribed by resolution of the Board of Directors.

A director's attendance at any meeting shall constitute waiver of notice of such meeting, excepting such attendance at a meeting by the director for the purpose of objecting to the transaction of business because the meeting is not lawfully called or convened.

Neither the business to be transacted at, nor the purpose of any regular or special meeting of the Board of Directors need be specified in the notice or waiver of such meeting.

Section III.10 Informal Action by Directors; Meetings by Conference Telephone. Unless otherwise restricted by the Articles of Incorporation or these Bylaws, any action required or permitted to be taken by the Board may be taken without a meeting if all directors consent in writing to the adoption of a resolution authorizing the action. The resolution and the written consents thereto by the directors (i) may be executed in counterparts, each of which shall be deemed an original and all of which, when taken together, shall constitute one and the same, (ii) may be executed by facsimile signature, and a facsimile signature (which may include e-mail correspondence so long as such correspondence is received from an e-mail account the sending director has previously identified to the Secretary as the account from which such correspondence may be sent from the director)will constitute an original signature, and (iii) shall be filed with the minutes of proceedings of the Board.

Unless otherwise restricted by the Articles of Incorporation or these Bylaws, any or all directors may participate in a meeting of the Board or a committee of the Board by means of conference telephone or by any means of communications by which all persons participating in

the meeting are able to hear one another, and such participation shall constitute presence in person at the meeting.

Section III.11 Compensation of Directors. The Corporation shall not pay any compensation to directors for services rendered to the Corporation, except that directors may be reimbursed for expenses incurred in the performance of their duties to the Corporation, in reasonable, documented amounts.

Section III.12 Responsibilities of Board Membership. Directors are required to be present in person or by electronic medium for at least 75% of Board meetings each year. Exceptions can be waived by the Chairperson for extenuating circumstances on any given year. Directors are required to make a personal financial contribution to the Corporation each year, and are encouraged to help the Corporation fundraise by reaching out proactively to their networks.

ARTICLE IV

Committees

Section IV.1 Committees, Authority. The Board of Directors, by resolution adopted by a majority of the directors in office, may designate and appoint one or more committees, each of which shall consist of two or more directors, which committees, to the extent provided in the resolution, shall have and exercise the authority of the Board of Directors of the Corporation, except that no such committee shall have the authority of the Board of Directors in reference to: amended, restating or repealing the bylaws; electing, appointing, or removing any member of any such committee or any officer or director of the Corporation; amending the articles of incorporation; restating the articles of incorporation; adopting a plan of merger or adopting a plan of consolidation with another corporation; authorizing the sale, lease, exchange, mortgage, pledge or other disposition of all or substantially all of the property or assets of the Corporation; authorizing the voluntary dissolution, liquidation, bankruptcy, or reorganization under the bankruptcy laws of the Corporation or revoking proceedings therefore; adopting a plan for the distribution of the assets of the Corporation; amending, altering, or repealing any resolution of the Board of Directors; or taking any other action which may hereafter be prohibited to committees of the directors by law. This section automatically shall be amended to be consistent with the North Carolina Nonprofit Corporation Act's provisions relating to the authority of committees of boards of directors, as those provisions may exist from time to time. Other committees not having and exercising the authority of the Board of Directors in the management of the Corporation may be designated and appointed by a resolution adopted by a majority of the directors present at a meeting at which a quorum is present.

The designation and appointment of any such committee and the delegation thereto of authority shall not operate to relieve the Board of Directors, or any individual director of any responsibility imposed upon it or him or her by law.

Section IV.2 Finance and Audit Committee. In addition to committees created by the Board of Directors under this Article IV, the Corporation shall have a Finance and Audit Committee (the "Finance and Audit Committee") consisting of not less than two directors and, if

practical, at least one financial expert (as determined by the Board of Directors); provided that no employee of the Corporation or the University of North Carolina at Chapel Hill or any Affiliate of the University of North Carolina at Chapel Hill may serve on the Finance and Audit Committee. The Finance and Audit Committee shall have all of the authority, powers and duties of the Board of Directors, except as provided by Section 4.01 and by law. For purposes of this Section 4.02, "Affiliate" means any individual, corporation, limited liability company, partnership or other entity that directly or indirectly controls, is controlled by, or is under common control with the University of North Carolina at Chapel Hill.

Section IV.3 Committee Procedures. Subject to Section 4.1, the Board of Directors may provide by resolution such powers, limitations and procedures for committees as the Board of Directors deems advisable. To the extent that the Board of Directors does not establish other procedures for such a committee, each committee shall be governed by the procedures established in Sections 3.8, 3.9 (except as they relate to an annual meeting of directors), 3.10 and 3.11.

Section IV.4 Advisory Council. The Board of Directors, by resolution adopted by a majority of the directors in office, may designate an advisory board constituting the "Advisory Council", which shall include members who are not directors and may include one or more directors as liaisons with the Board of Directors. The Advisory Council shall serve in an advisory function only, and may take other names, such as Advisory Board.

Section IV.5 Composition of Committees. The Chairperson of the Board of Directors shall nominate a director of the Corporation as Chairperson of each committee of the Corporation, and also shall nominate members for each committee of the Corporation (the "Chairperson Nominees"). Each Chairperson Nominee must be approved by at least a majority of the members of the Board of Directors. In addition, if any committee of the Corporation fails to maintain the total number of members set forth in the Board of Directors resolution forming such committee, the chairperson of that committee shall recruit and nominate additional individuals to be elected to the committee (the "Committee Nominees"). Each Committee Nominee must be approved by at least a majority of the members of the Board of Directors. Each Chairperson Nominee and each Committee Nominee approved by the Board of Directors shall serve a term of one year from the date of approval on appointed committee.

ARTICLE V

Officers, Agents and Employees

Section V.1 Officers. The Board of Directors shall elect or appoint an Executive Director (who may also be the Chairperson), a Secretary and a Treasurer, and it may, if it so determines, elect or appoint other officers and assistant officers as may be deemed necessary.

Section V.2 Term of Office and Removal. Each officer shall hold office for the term for which he or she is elected or appointed and until his or her successor has been elected or appointed and qualified. Unless otherwise provided by resolution of the Board of Directors, all officers shall be elected or appointed at the annual meeting of the Board. Any officer may be removed by the Board of Directors whenever in its judgment the best interest of the Corporation will be served thereby; provided, however, that removal of an officer shall be without prejudice to his or her

contract rights, if any, and the election or appointment of an officer shall not of itself create contract rights.

Section V.3 Powers and Duties of Officers. Subject to the control of the Board of Directors, all officers as between themselves and the Corporation shall have such authority and perform such duties in the management of the property and affairs of the Corporation as may be provided in these Bylaws or by resolution of the Board and, to the extent not so provided, as generally pertain to their respective offices.

- A. <u>Executive Director</u>. The Executive Director shall serve as the chief executive officer of the Corporation. The Executive Director shall attend all meetings of the Board of Directors and shall see that all orders and resolutions of the Board of Directors are carried into effect.
- B. Secretary. The Secretary shall be responsible for the keeping of an accurate record of the proceedings of all meetings of the Board of Directors, shall give or cause to be given all notices in accordance with these Bylaws or as required by law, and, in general, shall perform all duties customary to the office of Secretary. The Secretary shall have custody of the corporate seal of the Corporation, if any; and he or she shall have authority to affix the same to any instrument requiring it; and, when so affixed, it may be attested by his or her signature. The Board of Directors may give general authority to any officer to affix the seal of the Corporation, if any, and to attest the affixing by his or her signature. The Secretary may be a director or a non-director employee of the Corporation.
- C. <u>Treasurer</u>. The Treasurer oversees the funds and securities of the Corporation, and the overall good financial management of the Corporation, to include an annual audit and preparation of financial statements. The Treasurer may be a director or a non-director employee of the Corporation. All checks, drafts, or orders for the payment of money issued in the name of the Corporation shall be signed by the Treasurer or his or her designee.

Section V.4 Compensation of Officers, Agents and Employees. The Corporation may pay compensation in reasonable amounts to officers for services rendered, in such amounts as approved by a majority of the entire Board of Directors.

The Corporation may pay compensation in reasonable amounts to agents and employees for services rendered, such amount to be fixed by the Board or, if the Board delegates power to any officer or officers, then by such officer of officers.

The Board may require officers, agents or employees to give security for the faithful performance of their duties.

ARTICLE VI

Conflicts of Interest

Section VI.1 Director Conflict of Interest.

- A. A conflict of interest transaction is a transaction with the Corporation in which a director of the Corporation has a direct or indirect interest. A conflict of interest transaction is not voidable by the Corporation solely because of the director's interest in the transaction if any one of the following is true:
 - (1) The material facts of the transaction and the director's interest were disclosed or known to the Board of Directors or a committee of the Board and the Board of Directors or committee authorized, approved, or ratified the transaction;
 - (2) The material facts of the transaction and the director's interest were disclosed or known to the members entitled to vote and they authorized, approved, or ratified the transaction; or
 - (3) The transaction was fair to the corporation.
- B. For purposes of subdivision A(1) of this Section, a conflict of interest transaction is authorized, approved, or ratified if it receives the affirmative vote of a majority of the directors on the Board of Directors (or on the committee) who have no direct or indirect interest in the transaction, but a transaction shall not be authorized, approved, or ratified under this Section by a single director. If a majority of the directors who have no direct or indirect interest in the transaction vote to authorize, approve, or ratify the transaction, a quorum is present for the purpose of taking action under this Section. The presence of, or a vote cast by, a director with a direct or indirect interest in the transaction does not affect the validity of any action taken under subdivision A(1) of this Section if the transaction is otherwise authorized, approved, or ratified as provided in that subdivision.
- C. The Board of Directors, by a resolution adopted by a majority of its members, may impose additional requirements on conflict of interest transactions.

ARTICLE VII

Miscellaneous

Section VII.1 Fiscal Year. The fiscal year of the Corporation shall be the fiscal year beginning on the first day of January and ending on the last day of December or such other period as may be fixed by the Board of Directors.

Section VII.2 Checks, Notes and Contracts. The Board of Directors shall determine who shall be authorized from time to time on the Corporation's behalf to sign checks, drafts, or other orders for payment of money; to sign acceptances, notes or other evidences of indebtedness; to enter into contracts; or to execute and deliver other documents and instruments.

Section VII.3 Books and Records to be Kept. The Corporation shall keep at its principal office in the State of North Carolina, (1) correct and complete books and records of account, and (2) minutes of the proceedings of the Board of Directors and any committee having any of the authority of the Board. All books and records of the Corporation may be inspected by the directors and officers or their agents or attorneys, for any proper purpose at any reasonable time.

Section VII.4 Amendment of Articles and Bylaws. The Articles of Incorporation may be amended by a majority vote of the directors then in office.

Bylaws of the Corporation may be adopted, amended or repealed by a majority vote of the Board of Directors.

Section VII.5 Indemnification and Insurance. Unless otherwise prohibited by law, the Corporation may or may not indemnify any director or officer, any former director or officer, any person who may have served at its request as a director or officer of another corporation, whether for profit or not for profit, by resolution of the Board of Directors, whether the Director was wholly successful, on the merits or otherwise; and may, by resolution of the Board of Directors, indemnify any employee against any and all expenses and liabilities actually and necessarily incurred by him or her, imposed on him or her in connection with any claim, action, suit, or proceeding (whether actual or threatened, civil, criminal, administrative, or investigative, including appeals) to which he or she may be or is made a party by reason of being or having been such director, officer, or employee; subject to the limitation, however, that there shall be no indemnification in connection with a proceeding by or in the right of the Corporation in which the director or officer was adjudged liable to the Corporation, or in connections with any other proceeding charging improper personal benefit to the director or officer, whether or not involving action in his official capacity, in which the director or officer was adjudged liable on the basis that personal benefit was improperly received by the director or officer.

Amounts paid in indemnification of expenses and liabilities may include, but shall not be limited to, counsel fees and other fees; costs and disbursements; and judgments, fines, and penalties against, and amounts paid in settlement by, such director, officer, or employee. The Corporation may advance expenses to, or where appropriate may itself, at its expense, undertake the defense of, any director, officer, or employee; provided, however, that such director, officer, or employee shall undertake to repay or to reimburse such expense if it should be ultimately determined that he or she is not entitled to indemnification under this Article.

The provisions of this Article shall be applicable to claims, actions, suits, or proceedings made or commenced after the adoption hereof, whether arising from acts or omissions to act occurring before or after adoption hereof

The indemnification provided by this Article shall not be deemed exclusive of any other rights to which such director, officer, or employee may be entitled under any statute, Bylaw, agreement, vote of the Board of Directors, or otherwise and shall not restrict the power of the Corporation to make any indemnification permitted by law.

The Board of Directors may authorize the purchase of insurance on behalf of any director, officer, employee, or other agent against any liability asserted against or incurred by him or her which arises out of such person's status as a director, officer, employee, or agent or out of acts taken in such capacity, whether or not the Corporation would have the power to indemnify the person against that liability under law.

In no case, however, shall the Corporation indemnify, reimburse, or insure any person for any taxes imposed on such individual under chapter 42 of the Internal Revenue Code of 1986, as

now in effect or as may hereafter be amended (the "Code"). Further, if at any time the Corporation is deemed to be a private foundation within the meaning of § 509 of the Code then, during such time, no payment shall be made under this Article if such payment would constitute an act of self-dealing or a taxable expenditure, as defined in § 4941(d) or § 4945(d), respectively, of the Code.

If any part of this Article shall be found in any action, suit, or proceeding to be invalid or ineffective, the validity and the effectiveness of the remaining parts shall not be affected.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.						
Type or	Name of exempt organization or other filer, see instructions.			Taxpaye	r identification num	ber (TIN)			
print	G1001 TH1 TOD WIDED1 TWG		F.C. 224044	٥.					
File by the	CAROLINA FOR KIBERA, INC.		56-2248495						
due date for filing your									
return. See instructions.									
maductions.	City, town or post office, state, and ZIP code. For a for RALEIGH, NC 27619	reign addi	ess, see instructions.						
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1			
Application	on	Return	Application			Return			
Is For		Code	Is For			Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990	-BL	02	Form 1041-A			08			
Form 472	0 (individual)	03	Form 4720 (other than individual)			09			
Form 990	-PF	04	Form 5227			10			
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	-T (trust other than above)	06	Form 8870 01 PITTSBORO ST U			12			
Teleph If the c If this i	ooks are in the care of one No. 919-962-6860 organization does not have an office or place of business of a Group Return, enter the organization's four digit (If it is for part of the group, check this box	in the Uni Group Exe	Fax No. ted States, check this box mption Number (GEN)	If this is fo	r the whole group,				
the ▶[▶[2 If th	the organization named above. The extension is for the organization's return for: calendar year or X tax year beginning JUL 1, 2020 , and ending DEC 31, 2020 .								
any	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.		· 	3a	\$	0.			
	nis application is for Forms 990-PF, 990-T, 4720, or 6069					^			
	mated tax payments made. Include any prior year overp			3b	\$	0.			
						0.			
usir	ng EFTPS (Electronic Federal Tax Payment System). See	nstructio	ns.	3c	 \$	U •			

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

instructions.