

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: Carolina Federation. Doing business as: . Number and street (or P.O. box if mail is not delivered to street address): PO Box 61113. Room/suite: . City or town, state or province, country, and ZIP or foreign postal code: Durham, NC 27715

D Employer identification number: 83-0936641. E Telephone number: (919) 627-1015. G Gross receipts \$ 1,452,479

F Name and address of principal officer: Theodore Paul-Lynn Luebke, PO Box 61113, Durham, NC 27715

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c)(4) (insert no.), 4947(a)(1) or 527

J Website: www.carolinafederation.org

K Form of organization: Corporation

L Year of formation: 2018. M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The Carolina Federation seeks to build a statewide, multiracial, multi-issue independent organization rooted in local affiliates, aligned through a shared vision for economic justice, racial justice and social justice across North Carolina.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (6), 4 Number of independent voting members (6), 5 Total number of individuals employed (0), 6 Total number of volunteers (0), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0)

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (913,238 / 1,452,479), 9 Program service revenue (0 / 0), 10 Investment income (0 / 0), 11 Other revenue (0 / 0), 12 Total revenue (913,238 / 1,452,479)

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (0 / 0), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (151,928 / 1,060,255), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (0 / 0), 17 Other expenses (97,369 / 605,383), 18 Total expenses (249,297 / 1,665,638), 19 Revenue less expenses (663,941 / -213,159)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (650,314 / 453,406), 21 Total liabilities (1,906 / 9,824), 22 Net assets or fund balances (648,408 / 443,582)

Part II Signature Block

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

Sign Here: Signature of officer Theodore Paul-Lyn Luebke Co-Director, Date 2021-12-14

Paid Preparer Use Only: Print/Type preparer's name LA WYNNPA Certified Public Accountant, Preparer's signature, Date 2021-12-14, Check if self-employed, PTIN P01364979, Firm's EIN 27-0032918, Firm's address 5850 Fayetteville Road, Durham, NC 27713, Phone no. (919) 973-0714

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

Part III 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:

The Carolina Federation seeks to build a statewide, multiracial, multi-issue independent organization rooted in local affiliates, aligned through a shared vision for economic justice, racial justice and social justice across North Carolina. The role of the Carolina Federation is to directly support existing and new local organizations working on issues of economic, racial and social justice.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 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 \$ 323,371 including grants of \$) (Revenue \$)

1. Leadership Development & Chapters Launch. Completed intensive leadership development training with local leaders in Forsyth, Guilford and New Hanover Counties.

4b (Code:) (Expenses \$ 161,686 including grants of \$) (Revenue \$)

2. Local Issue Campaigns. Chapter membership organized local issue campaigns related to the COVID-19 crisis and the uprisings for racial justice, focused on housing and evictions, school funding, public health and governmental accountability.

4c (Code:) (Expenses \$ 161,685 including grants of \$) (Revenue \$)

3. Endorsements. Local chapters interviewed and endorsed local candidates. The organization facilitated a statewide endorsement process with representation from our chapter and affiliates.

(Code:) (Expenses \$ 161,686 including grants of \$) (Revenue \$)

4. Electoral Mobilization. Hired a field team to build volunteer networks across our four counties and undertook regular voter contact. 5. Volunteer Retention and Integration. Field staff were retained after the election to support integrating the volunteers that we engaged throughout the field campaign into local long-term chapter and affiliate membership and activities.

4d Other program services (Describe in Schedule O.) (Expenses \$ 161,686 including grants of \$) (Revenue \$)

4e Total program service expenses 808,428

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part 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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Main form area containing questions 2a through 16, with various sub-questions and input fields for 'Yes', 'No', and numerical values.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 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?...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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?...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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:

Part VIII Statement of Revenue

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

Main table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

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 O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	120,000		120,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	780,634	687,614	93,020	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	82,970		82,970	
10 Payroll taxes	76,651		76,651	
11 Fees for services (non-employees):				
a Management	141,009	3,037	137,972	
b Legal	20,474		20,474	
c Accounting	12,000		12,000	
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 Schedule O)	177,603	1,913	175,690	
12 Advertising and promotion	114,961	114,961		
13 Office expenses	113,338		113,338	
14 Information technology				
15 Royalties				
16 Occupancy	630		630	
17 Travel	3,341	903	2,438	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,946		7,946	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	7,445		7,445	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Food	3,021		3,021	
b Sponsorship contribution	2,600		2,600	
c Legal filing fees	1,015		1,015	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,665,638	808,428	857,210	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	649,814	1	448,906
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	4,000
	4 Accounts receivable, net	500	4	500
	5 Loans and other 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets: Add lines 1 through 15 (must equal line 33)	650,314	16	453,406	
Liabilities	17 Accounts payable and accrued expenses	1,906	17	9,824
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,906	26	9,824
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	648,408	27	443,582
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	648,408	32	443,582
33 Total liabilities and net assets/fund balances	650,314	33	453,406	

Part 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	1,452,479
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,665,638
3	Revenue less expenses. Subtract line 2 from line 1	3	-213,159
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	648,408
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	8,333
9	Other changes in net assets or fund balances (explain in 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 (A))	10	443,582

Part XII Financial Statements and Reporting

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE O
(Form 990 or 990-
EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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.

Department of the Treasury
Name of the organization
Carolina Federation

Employer identification number

83-0936641

Return Reference	Explanation
Form 990, Part VI, Section B, line 10b	Governing body ensures policies and procedures are discussed and implemented prior to a chapter commencing with its operations.
Form 990, Part VI, Section B, line 11b	A copy of Form 990 available upon request.
Form 990, Part VI, Section B, line 12c	Periodic reviews of the organization's conflict of interest policy is conducted to ensure third-party transactions comply with the policy's arm's length bargaining requirements and to ensure that third-party business relationships, such as, joint ventures do not result in inurement, impermissible private benefit, or an excess benefit transaction.
Form 990, Part VI, Section B, line 15	Compensation arrangements for top management levels are reviewed and decided by the board of directors. Any staff level employment and compensation is recommended to the board of directors for consideration and ultimate hiring.
Form 990, Part VI, Section C, line 19	Governing documents, conflict of interest policy and financial statements are available to the public upon request.
Form 990, Part IX, line 11g	Fees for services-Other: Program service expenses 1913. Management and general expenses 175690. Fundraising expenses 0. Total expenses 177603.

Additional Data

Return to Form

Software ID:

Software Version: