

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>KRAMDEN INSTITUTE, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 13483</b> City or town, state or country, and ZIP + 4 <b>RESEARCH TRIANGLE PARK, NC 27709</b>	<b>D</b> Employer identification number <b>74-3108814</b>
	<b>F</b> Name and address of principal officer: <b>CARRIE CLARK</b> <b>P.O. BOX 13483, RTP, NC 27709</b>	<b>E</b> Telephone number <b>(919) 638-6200</b>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>G</b> Gross receipts \$ <b>165,958.</b>
	<b>J</b> Website: <b>WWW.KRAMDEN.ORG</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2003** **M** State of legal domicile: **NC**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE COMPUTERS TO LOW INCOME STUDENTS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>4</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1750</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 123,696.	<b>Current Year</b> 100,447.
	<b>9</b> Program service revenue (Part VIII, line 2g)	12,719.	65,511.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	295.	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	136,710.	165,958.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	72,593.	87,121.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,676.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	91,487.	100,436.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	164,080.	187,557.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<27,370.>	<21,599.>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 33,571.	<b>End of Year</b> 12,393.
	<b>21</b> Total liabilities (Part X, line 26)	1,162.	1,583.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	32,409.	10,810.

**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** ▶ *Carrie Clark* | **5/10/10**  
Signature of officer | Date

▶ **CARRIE CLARK, DIRECTOR OF OPERATIONS**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ <i>Dave Szudarek</i>	Date <b>5/6/10</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>GOSPODAREK, CPA, PA 4101 LAKE BOONE TRAIL #215 RALEIGH, NC 27607</b>	EIN ▶	Phone no. ▶ <b>(919) 510-9399</b>	

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