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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Inter	nai Reven	ue Service	► The organization may have to use a copy of this return to satisfy state reporting req	urrements.	Inspection
Ā	For the	2011 cale	ndar year, or tax year beginning May 1 , 2011, and ending A	pril 30	, 20 12
В	Check if	applicable	C Name of organization North Carolina Citizens for Protecting our Schools	D Employ	er identification number
	Address	change	Doing Business As	1	45-2294710
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho	ne number
abla	initial reti	um	PO Box 1093		919-828-0731
	Terminat	ed	City or town, state or country, and ZIP + 4		
	Amende	d return	Raleigh, NC 27602	G Gross r	eceipts \$
	Applicati	on pending	F Name and address of principal officer Michael L Weisel , H(a) is the H(a) is	ns a group return	for affiliates? Yes No
					ncluded? Yes No
	Tax-exer	npt status,			a list. (see instructions)
ī	Website		H(c) Gro	oup exemptio	n number 🕨
K	Form of o	organization:	✓ Corporation Trust Association Other L Year of formation: 201	1 M State	of legal domicile NC
Р	art	Summ	ary		
	1	Briefly de	scribe the organization's mission or most significant activities: The organization	's mission	is to promote the
Ф	1	common	good and social welfare of North Carolina residents by conducting research, sponso	ring educat	ional activities and
Š	l	events, a	nd disseminating accurate and timely information on the subject of North Carolina's	public educ	ation system
Activities & Governance					
946	2	Check th	is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of more th	an 25% of	its net assets.
Ğ	3		of voting members of the governing body (Part VI, line 1a)	3) 3
8	4		of independent voting members of the governing body (Part VI, line 1b)		2
ŧ	5		nber of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
Ę	6		nber of volunteers (estimate if necessary)	6	0
4	7a		elated business revenue from Part VIII, column (C), line 12	. 7a	0
	Ь		ated business taxable income from Form 990-T, line 34	. 7b	0
	T -			Year	Current Year
_	8	Contribu	ions and grants (Part VIII, line 1h)	0	654,000
Ž	9		service revenue (Part VIII, line 2g)	0	
Revenue	10	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)	0	
ď	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	
_	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		
	14		paid to or for members (Part IX, column (A), line 4)		
en.	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>~</u>	
38	16a		onal fundraising fees (Part IX, column (A), line 11e)		
Expenses	Ь		draising expenses (Part IX, column (D), line 25) ▶ 0		
찣	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		504,501
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		
	19		less expenses. Subtract line 18 from line 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	+	HOVEITUR		Current Year	
200	20	Total acc	(Dat V. Bas 48)		
Net Assets or Fund Rabances	20 21		ets (Part X, line 16)	0	
Ž	22		ts or fund balances. Subtract line 21 from line 20		
	artII		ture Block		90,499
_			ry, I declare that I have examined this return granding accompanying schedules and statements, and		and beautiful and the first test
tn	ie, correc	t, and comp	ry, I declare that I have examined this return including accompanying schedules and statements, and the Declaration of which preparer has any kn	10 1280 ent ul owiedge	my knowledge and belief, it t
		Th	Muchael of War	12/	100
Sig	an	Sign	ajure of officer	Date	/ 12
	ere	1:	1	Jai . /	•
			CHAEL L. WEISEL SELBETARY/TREASURER or print name and title		
					PTIN
	id	Marko		Check	⊘ (1)
	epare	" ——	Frederic CFO:		ployed P01606041
U	se On		1220 F Corner Od Marrier NO 22550	Firm's EIN 🕨	040.055.5555
N 4 -	w the "			Phone no	919-656-0660
_			s this return with the preparer shown above? (see instructions)	<u> </u>	· · · · · · · · Yes No
Fo	r Papen	work Redu	ction Act Notice, see the separate instructions. Cat No 11282Y		Form 990 (2011





Chock if Schedule O contains a response to any question in this Part III	orm 990	<u> </u>	·	Page 2
1 Brefly describe the organization's mission: The organization's mission is to promote the common good and social welfare of North Carolina residents by conducting research, sponsoring educational activities and events, and disseminating accurate and timely information on the subject of North Carolina's public education system 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	al L I			П
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				••

4d Other program services (Describe in Schedule O.) (Expenses \$ 494,156 including grants of \$
 4e Total program service expenses ▶

53,000) (Revenue \$

Form 99	<u>. ` ' </u>			Page 3
Part	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,"		163	NO
•	complete Schedule A	1		/
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
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		✓
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
40	complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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, Part VI	11a		 ✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
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, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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	446		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	14b		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		√
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
20	If "Yes," complete Schedule G, Part III	19		√
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		✓

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		✓
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 25	24a		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		1
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
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 Schedule N, Part II	32	-	<u>√</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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, Parts II, III, IV, and V, line 1	34		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	_
		Forr	n 990	(2011)

Part.	V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response to any question in this Part V	<u></u>		<u>, [</u>				
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3	-		l				
b	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 (gambling) winnings to prize winners?							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	✓					
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0							
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1				
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
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 in a foreign country (such as a bank account, securities account, or other financial			١.				
	account)?	4a		✓				
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-				
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-				
ua	organization solicit any contributions that were not tax deductible?	6a	1	Ī				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Oa	· ·	 				
_	gifts were not tax deductible?	6b	1					
7	Organizations that may receive deductible contributions under section 170(c).							
а	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?	7a		✓				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		✓				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-				
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		₩				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting							
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring							
	organization, have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?	9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1	;					
11	Section 501(c)(12) organizations. Enter:							
a b	Gross income from members or shareholders	-						
_	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		4				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
þ	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							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		 ✓				
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		<u> Ш</u>				

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Socti	Check if Schedule O contains a response to any question in this Part VI	• •	•	. 🗸
Secu	on 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 1a 3			
	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 in Schedule O.			i
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 2			
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		/
3	Did the organization delegate control over management duties customarily performed by or under the direct			 • –
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3_		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
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?			/
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		-
U	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	-	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	<u> </u>	-	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
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 form?	11a	✓	
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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
4.0	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	<u> </u>
14 15	Did the organization have a written document retention and destruction policy?	14	<u> </u>	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
	with a taxable entity during the year?	16a		✓
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			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		L
<u>Secti</u>	List the states with which a copy of this Form 990 is required to be filed ▶ North Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	c)(3)e	onlv
	available for public inspection. Indicate how you made these available. Check all that apply.	. 551(-,(-)	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict c and financial statements available to the public during the tax year.	f intei	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	<u>.</u>	
_0	Organization: ► Michael I Weisel 434 Favetteville Street Ste 2500 Raleigh NC 27602	J: 1116	•	

_			
Form	990	(201	ו דו

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (describe	(do n box, office	ot ch unles	Pos neck is pe d a d	rtion more rson irect	than one that the that the that the that the that the that the the that the the the the the the the the the th	one an ee)	(D) Reportable	(E) Reportable compensation from related organizations	(F) Estimated
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Kırstın Oshinsky		,		 						
Board Director and President	1	✓		✓				0	0	0
(2) J A Perry		,	1	,	ĺ					
Board Director and Vice President	1	✓	<u> </u>	✓	┝		<u> </u>	0	0	0
(3) Michael L. Weisel Board Director and Secretary/Treasurer	1	/		/				0	o	0
(4)										
(5)										
(6)			-							
(7)		_								
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

_Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
					•	C) ition					_
	(A)	(B)	(do n	ot ch			than o	one	(D)	(E)	(F)
	Name and title	Average box, unless person is both a officer and a director/trustee									
		week		T T C T T					from	related	other
		(describe hours for	Individual trustee or director	stite	Officer	Key employee	향음	Former	the organization	organizations (W-2/1099-MIS	
		related	dual	tior	*	풽	st c	4	(W-2/1099-MISC)		organization
		organizations in Schedule	٦ <u>څ</u>	1 <u>a</u>		oye.	휥				and related organizations
		O)	stee	Institutional trustee	1	*	Highest compensated employee				Organization o
				96			ated				
(15)											
(16)											
(17)								_			
(18)											
(19)											
(20)											
(21)									!		
(22)								_	!		
				_							
(23)	••••••										
(24)							i				
(25)											
	Sub-total		<u> </u>	L	L	<u> </u>	<u> </u>	Ļ			
C	Total from continuation sheets to Part			•	•		•				
d	Total (add lines 1b and 1c)			•	•	•	•		<u> </u>		
- 2	Total number of individuals (including but							<u> </u>	ho received m	ore than \$100	 0.000.of
-	reportable compensation from the organi			1056	7 1131	leu i	above	<i>=)</i> vv	no received in	ole man prod	0,000 01
										•	Yes No
3	Did the organization list any former of										
	employee on line 1a? If "Yes," complete										<u> </u>
4	For any individual listed on line 1a, is the										
	organization and related organizations individual	•							•		
_	Did any person listed on line 1a receive of										<u> </u>
5	for services rendered to the organization										
Section	on B. Independent Contractors							-			· J V
1	Complete this table for your five highest	compensat	ed inc	den	end	ent	contr	act	ors that receive	ed more than	\$100 000 of
•	compensation from the organization. Repyear.										
	(A)								(B)		(C)
	Name and business add	ress							Description of s	services	Compensation
								$oxed{\Box}$			
								_			
		-						L			
								╙	-		
	Total number of codes at the code	C!				L *		<u>L.,</u>			
2	Total number of independent contractor							o th	iose iisted ab	ove) who	

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, G Am	С	Fundraising events 1c					
Sift Iar	d	Related organizations 1d					
ıs, (imi	е	Government grants (contributions) 1e					
tior er S	f	All other contributions, gifts, grants,					
ibu		and similar amounts not included above 1f 65	4,000				
on tr	g	Noncash contributions included in lines 1a-1f. \$					
	h	Total. Add lines 1a-1f		654,000			
Program Service Revenue		Business C	ode				
evel	2a						_
Ä	b						
<u>Z</u> i	С						
Ser	d						
E a	e		_				
og.	f	All other program service revenue .					
<u> </u>	g	Total. Add lines 2a–2f	•	0			
	3	Investment income (including dividends, inter					
	١.	and other similar amounts)		0	· · · · · · · · · · · · · · · · · · ·		
	4	Income from investment of tax-exempt bond proceed		0			
	5	Royalties					
	60						
	6a b	Gross rents Less: rental expenses					
	C	Rental income or (loss)	\dashv				
	d	Net rental income or (loss)	ightharpoonup			·	
	7a	Gross amount from sales of (i) Securities (ii) Othe					
		assets other than inventory					
	ь	Less. cost or other basis					
		and sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)	•	0			
_							
enne	8a	Gross income from fundraising					
		events (not including \$					
Other Rev		of contributions reported on line 1c).	}				
ρ		See Part IV, line 18 a					
₹		Less: direct expenses b					
	1	Net income or (loss) from fundraising events .	<u> </u>	0			-
	9a	Gross income from gaming activities.					
	١.	See Part IV, line 19 a					
		Less: direct expenses b	—	0			
	100	Gross sales of inventory, less		U	-		
	iva	returns and allowances a					
	h	Less: cost of goods sold b				İ	
		Net income or (loss) from sales of inventory	lacksquare	0			
	۳	Miscellaneous Revenue Business C					
	11a						
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶	0			
	12	Total revenue. See instructions	•	654,000			

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) but are no
required to complete columns (B), (C), and (D).	

	Check if Schedule O contains a respon	se to any question			<u> </u>
	t include amounts reported on lines 6b, 7b, 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 governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	53,000	53,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	•	-		
а	Management	·			
b	Legal	49,277		49,277	
C	Accounting	3,652		3,652	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other	25,953	25,953		
g 10		414,625	414,625		
12	Advertising and promotion		414,023	10,415	
13	Office expenses	10,415		10,413	
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel			-	
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 in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	570		570	
a	Bank fees and charges	578		578	
b					
C					
d	All 11				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	557,501	494,156	63,345	
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)				
		Ļ			

P	art-X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	96,769
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
Assets	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
Se	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0		96,769
	17	Accounts payable and accrued expenses	0		270
	18	Grants payable	0	_	0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
(A	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
ies	22	Payables to current and former officers, directors, trustees, key			
Ħ		employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0		0
	00	_		25	270
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ and complete	0	26	270
Ses		lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27	Unrestricted net assets	0	27	96,499
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
r Fu		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds	-	30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
À	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ě	33	Total net assets or fund balances		33	96,499
_	34	Total liabilities and net assets/fund balances		34	96,769
					5000 (0044)

				_	40
	90 (2011)			Pag	e 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		<u> </u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		654	,000
2	Total expenses (must equal Part IX, column (A), line 25)	2		557	,501
3	Revenue less expenses. Subtract line 2 from line 1	3	_	96	,499
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4			0
5	Other changes in net assets or fund balances (explain in Schedule O)	5		_	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		96	,499
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			<u> </u>	
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expected to the control of	olaın ın		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		√
ь	Were the organization's financial statements audited by an independent accountant?		2b		√
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın ın			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years a separate basis consolidated basis or both:	ar were			

☐ Consolidated basis ☐ Both consolidated and separate basis

За

3b

Form **990** (2011)

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?

b 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

☐ Separate basis

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

201

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

№ Fund advocacy issues Fund advocacy issues (h) Purpose of grant or assistance to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. √
Yes 45-2294710 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance 8,000 (d) Amount of cash 45.000 grant Part II can be duplicated if additional space is needed (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)4 527 27-3337837 45-3125961 North Carolina Citizens for Protecting our Schools (B) 1 (a) Name and address of organization PO Box 1722, Raleigh, NC 27602 PO Box 1351, Raleigh NC 27602 (2) Common Sense Matters or government (1) Real Facts, Inc. Part I Part II

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9

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12

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) (2011)

Schedule (Form 990) (2011) Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	riduals in the U	Inited States. Con	nplete if the organiz	ation answered "Yes" to	Page 2 Form 990, Part IV, line 22.
(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 non-cash assistance
na Citizens for Protecting our Schools monitors activitie	rs activities of gra	nts to other organizat	ions by meeting with th	ss of grants to other organizations by meeting with the organization and discussing their program activit	North Carolina Citizens for Protecting our Schools monitors activities of grants to other organizations by meeting with the organization and discussing their program activities and
verliying that intended activities were completed					
		, , , , , , , , , , , , , , , , , , ,			
					Schedule I (Form 990) (2011)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public ▶ Attach to Form 990 or 990-EZ. Inspection Employer identification number

North Carolina Citizens for Protecting our Schools	45-2294710
Part VI - Line 11 - Describe the process used by the organization to review the form 990 - The form 99	0 is prepared after an internal review
of the organization's books and records for the year. The draft form is then sent to t	he organization's officers for their
comments and suggested changes After completion of that review, the revised for	n is sent to the Board for review
Questions ,comments and changes, if any, are incorporated after discussion with t	he Board and the preparor to finalize
and file the return	
Part VI - Line 19 - Describe how the organization makes its governibg documents, conflict of interest p	oolicy, and financial statements
available to the public - The organizations governing documents are available onlin	ne through the State of North Carolina's
online access to corporate records. In addition, the organization's governing docur	ments, conflict of interest policy and
financial statements are available upon request by submitting a written request to t	he organization's address
	
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Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
	•
	•••••••••••••••••
	·····
	•••••