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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

20**12** Open to Public

Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2012 calendar year, or tax year beginning 2012, and ending <u>Ap</u>r 30 **20** 13 May 1 D Employer identification number Check if applicable C Name of organization North Carolina Citizens for Protecting our Schools Address change 45-2294710 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return PO Rox 1093 919-828-0731 City, town or post office, state, and ZIP code Terminated Amended return Raleigh, NC 27602 G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for affiliates? ☐ Yes ☑ No Application pending Michael I Weisel 434 Favetteville St., Ste 2500, Raleigh, NC 27601 If "No," attach a list. (see instructions) √ 501(c) (4)
√ (insert no)
√ 4947(a)(1) or
√ 527 Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ Form of organization.

Corporation Trust Association Other ▶ L Year of formation: M State of legal domicile: NC Part I Briefly describe the organization's mission or most significant activities: The organization's mission is to promote the common good and social welfare of North Carolina residents by conducting research, sponsoring educational activities and Activities & Governance events, and disseminating accurate and timely information on the subject of North Carolina's public education system Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b **©** Current Year SCANNED JAN 1 8 Contributions and grants (Part VIII, line 1h) . 654,000 835,032 Program service revenue (Part VIII; line 2g) 9 0 Investment income (Part VIII, column (A) ines 3, 4, and 7d) 10 0 Other revenue (Part VIII, column (A), Ilnes 5, 6d, 8c, 9c, 10c, and 11e). 11 0 Total revenue—add lines 8 through 1 (must equal Rart VIII) column (A), line 12) 12 654,000 835.032 13 Grants and similar amounts paid (Part IX, column (A), Tines 1-3) 53,000 175,000 Benefits paid to or for members (Part-IX,-column-(A),-line-4)—∫ ⊆ 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part-IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 504,501 645,784 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 557,501 820,784 Revenue less expenses. Subtract line 18 from line 12 19 96,499 14,248 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 96,769 113,188 21 Total liabilities (Part X, line 26) . 270 2,441 22 Net assets or fund balances. Subtract line 21 from line 20 110,747 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 Signature of officer Here MIGKAEL Type or print name and title Print/Type preparer's name Date Check X if Paid PO1606041 MICHAEL J. SCHIFEBEEK self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) ີ Yes ∏ No Form 990 (2012) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No 11282Y

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(Code ⁻) (Expenses \$	including grants	of \$) (Revenue \$)
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	••••				
Other program s	ervices (Describe in Schedule O	.)			
	including grants of) (Revenue \$	١	
	service expenses ▶		/ (110101100 Q		
Total program s	Service expenses	729,115		<u>_</u>	
					Form 990 (20

Part	V 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		✓
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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? If "Yes," complete Schedule C, Part II	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		1
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? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		1
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		1
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		1
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		1
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
c	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		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	g	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	14b		1
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	15		1
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	16		1
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 (see instructions)	17		1
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		√
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		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	†	7
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	t —	Ė

Part IV 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		1
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		√
c b	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? If "Yes," complete Schedule L, Part I	24d 25a		√ ✓
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		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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		1
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 A family member of 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		1
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		1
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		1
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? <i>If "Yes," complete Schedule R, Part I </i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
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		1
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	1	

Form **990** (2012)

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Part				
	Check If Schedule O contains a response to any question in this Part V			
4.			Yes	No
		1		
b	· · · · · · · · · · · · · · · · · · ·)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a		1c	✓	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h		Oh.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	0.0		
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4 a	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			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	48		•
D	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		<u> </u>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		•
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	 	-	
	gifts were not tax deductible?	6ь	1	
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	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		
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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		
L	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			
_	100			
C 140	Enter the amount of reserves on hand			,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Conti	Check if Schedule O contains a response to any question in this Part VI	• •	<u> </u>	. ✓
Secu	on A. Governing Body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a 3		163	110
Ia	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.			
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		V
6 7a	Did the organization have members or stockholders?	6		✓ _
/ a	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		
Б	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		
	the year by the following:			
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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 in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
10-	Did the agreeinstant have lead about on househor and #1-4-0		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
	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	1	
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 use to conflicts?	12b	✓	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	\	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	√	
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?			
a	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	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			,
Socti	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17	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)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	. 55 (-,,,,,,,	
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inte	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	:	
	organization: ► Michael L. Weisel, 434 Fayetteville Street, Ste 2500, Raleigh, NC 27602			

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	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee
)					·
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per week (list any	office				or/trust		compensation from	compensation from related	amount of other
	hours for	악	Ins	Officer	<u>چ</u>	em	Former	the	organizations	compensation
	related	direc	ituti	cer	епт (hest	#	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	Jal to	ona		Key employee	66 CO		(W-2/1099-MISC) 		organization and related
	line)	Individual trustee or director	Institutional trustee		/ee	nper				organizations
		ď	stee			Highest compensated employee			ļ	
	:	-					-			
(1) Kırstın Oshınsky	11									
Board Director and President		✓		✓	<u> </u>		_	0	0	
(2) J A Perry	11	,								
Board Director and Vice President		/		<u> </u>			-	0	0	(
(3) Michael L. Weisel	11	1		١,					_	
Board Director and Secretary/Treasurer		✓	<u> </u>	✓	 		<u> </u>	0	0	
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(13)	 									
(14)	ļ									

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighes	st`C	ompensated E	mployees (d	continue	ed)	
					-	C)							
	(A)	(B)	(do n	ot ct		tion	a than c	nna.	(D)	(E)		(1	F)
	Name and title Average box, unless person is bo							Reportable	Reportabl			nated	
	hours per officer and a director/trustee) compensation from week (list any officer and a director/trustee) from related										unt of her		
		hours for	유큐	ᇙ	요	6	육등	<u>P</u>	the	organizatio	ns		nsation
		related	ivid	렱	Officer	9	ploy	Former	organization	(W-2/1099-M	IISC)		n the
		organizations below dotted	호투	92		Key employee	6 CO] `	(W-2/1099-MISC)			organi and re	ization elated
		line)	Individual trustee or director	2		yee	npe						zations
		ł	8	Institutional trustee			Highest compensated employee						
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(25)		ļ						İ					
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1b	Sub-total			•	•								
C	Total from continuation sheets to Part			٠				•	ļ				
d	Total (add lines 1b and 1c)							<u> </u>		<u> </u>		-	
2	Total number of individuals (including bu			ose	e lis	ted	above	e) w	ho received m	ore than \$1	00,000	of	
	reportable compensation from the organ	ization ► 0											
•	Ded the consequence had now former at	·r					1						Yes No
3	Did the organization list any former of							emp	ployee, or high	est compe	nsated		
_	employee on line 1a? If "Yes," complete							•				3	✓
4	For any individual listed on line 1a, is the												
	organization and related organizations individual	greater th	an \$	150,	,UUC)? [T "Ye	s,	complete Scr	ieauie j to	r sucn		
_		· · · ·		•		•	 :	•			• • • • • • • • • • • • • • • • • • • •	4	✓
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	iividuai		
<u> </u>		iii ies, c	Jonnpi	ere	30	ieu	uie J i	ior s	such person	· · · · ·	• •	5	✓
	on B. Independent Contractors			.1							. 0400	000 - 6	
1	Complete this table for your five highest												
	compensation from the organization. Rep	ort compe	ensau	on t	or ti	ne c	alend	ar y	year ending wi	n or within	tne orga	anizatio	n's tax
	year.							т -					
	(A) Name and business add	fress							(B) Description of s	ervices	c	(C) Compensa	ation
			-					╁					
								\vdash				-	
								-					
								-					
	· ·-·							\vdash					
2	Total number of independent contractor	ore (include	na h	ı+ ~	· · ·	lum	tod +	1 +-	noce listed ab	ovo) who			
-	received more than \$100,000 of compens							J LI	o iisteu ab	OVE, WITO			

Part	VIII	Statement of Reve	enue					
		Check if Schedule O	contains a respo	nse to any quest	on in this Part V	III		🗆
					(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 nts	1a	Federated campaigns						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b					
	С	Fundraising events .						
ia i	d	Related organizations						
ns,	е	Government grants (con						
Contributions, and Other Sim	f	All other contributions, g						
호美		and similar amounts not inc		835,032				
d it	g	Noncash contributions include	·	4,147				
	h	Total. Add lines 1a-1	<u>f</u>		835,032			
Ę				Business Code				
eve	2a							
æ	b			-				
<u>Ş</u> .	С	***************************************						
S	d	***************************************						
Ľau	е	A 11 . 1						
Program Service Revenue	f	All other program sen						
	<u>g</u> 3	Total. Add lines 2a-2 Investment income	(noluding divid	>	0			
	3	and other similar amo						
	4	Income from investmen	•	L.	0			
!	5	5	•	' _ F	0	· · · · · · · · · · · · · · · · · · ·		
		rioyanics	(i) Real	(ii) Personal	. 0	**		
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or			Ö			
	7a	Gross amount from sales of	(i) Securities	(ii) Other	O ₁			
		assets other than inventory						
	b	Less: cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss) .		▶	0			
venue	8a	Gross income from fuevents (not including \$.
Other Revenu		of contributions reported See Part IV, line 18 .	a					-
5		Less: direct expenses						
	c 9a	Net income or (loss) f Gross income from ga See Part IV, line 19	aming activities.	events . ▶	0			
		Less: direct expenses	-					
	b	Net income or (loss) f				<u>-</u>		
	_	Gross sales of in		vities	0			
	100	returns and allowance						
	ь	Less: cost of goods s	- -					
	C	Net income or (loss) f			o			
	<u> </u>	Miscellaneous R		Business Code	U]) 	
	11a			-				
	b							
	С							-
	d	All other revenue .			_			
	е	Total. Add lines 11a-	-11d	▶	0			
	12	Total revenue. See in	nstructions		935 033			

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se to any question	in this Part IX	<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	175,000	175,000		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,		·		
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	_			
5	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	Other salaries and wages				
8	Pension plan accruals and contributions (include				•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	71,101		71,101	
C	Accounting	7,110		7,110	
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.)				
40	- ·	27,328	1		
12	Advertising and promotion	526,787	526,787		
13	Office expenses				
14 15	Information technology	4,500		4,500	
15 16	Royalties				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			i	
19	Conferences, conventions, and meetings .	2,156		2,156	
20	Interest	2,130		2,130	
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.)				
а	Bank Fess	674		674	
b	Books, Suscriptions, References	5,000		5,000	
C				· · · · · · · · · · · · · · · · · · ·	
d					
е	All other expenses Miscellaneous	1,128		1,128	
25	Total functional expenses. Add lines 1 through 24e	820,784	729,115	91.669	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs		1		
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
	10110WING DOF 30-2 (ADO 300-120)	I	I		1

Form 990 (2012) Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 96,769 1 113,188 2 2 0 0 3 3 ol 0 4 4 ol 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 5 Loans and other 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). Complete Part II of Schedule L. 0 6 7 7 ol 0 8 Inventories for sale or use 0 8 0 9 9 Prepaid expenses and deferred charges ol 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 0 10c Less: accumulated depreciation n Investments—publicly traded securities 11 ol 11 0 12 12 Investments—other securities. See Part IV, line 11 . o 0 13 Investments—program-related. See Part IV, line 11 . . . ol 13 0 0 14 14 0 15 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 96,769 16 113,188 17 17 2,441 Accounts payable and accrued expenses 270 18 18 ol 0 19 19 ol 0 20 20 ol 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 0 22 disqualified persons. Complete Part II of Schedule L 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . ol 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . ol 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 26 Total liabilities. Add lines 17 through 25 270 2,441 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗸 and Balances complete lines 27 through 29, and lines 33 and 34. 27 96,499 27 110,747 28 28 ol 0 Fund 29 0 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. þ Capital stock or trust principal, or current funds 30 Net Assets 30 31

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

Total liabilities and net assets/fund balances . . .

31

32

33

110,747

113,188

32

33

34

96,499

96,769

If the organization changed either its oversight process or selection process during the tax year, explain in

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

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3b

Form 990 (2012)

Schedule O.

SCHEDULEI (Form 990)

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

OMB No. 1545-0047 2012

Open to Public Inspection

Schedule I (Form 990) (2012) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%** □ Social media messaging Fund education issues Fund education issues (h) Purpose of grant or assistance **Employer identification number** 0 ✓ Yes 45-2294710 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 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (e) Amount of non-cash assistance (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. (d) Amount of cash 35,000. 25,000. 115,000 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)4 501(c)4 527 27-3337837 45-3125961 45-2862217 (b) EIN North Carolina Citizens for Protecting our Schools (3) Progress North Carolina Action 1 (a) Name and address of organization PO Box 41306, Raleigh, NC 27629 PO Box 1722, Raleigh, NC 27602 PO Box 1351, Raleigh NC 27602 Common Sense Matters or government (2) Real Facts NC Department of the Treasury Internal Revenue Service Name of the organization Part II Part I 9 2 4 ß 9 ® 9

Schedule I (Fr	Schedule I (Form 990) (2012)			Fig. 52.5 5.4 3; 540.12	of "soV" boyourses asite	Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete it the organization answered the to Form 350, if all 10, into 25. Part III can be duplicated if additional space is needed.	space is needed.	nited states. Com	ipiete ii the organiz	ation answered tes to	70111 990, Falt IV, MIG 25.
	(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
-						
8						
·						
, -						
4						
5						
9						
r						
Part IV	Supplemental Information. Complete this part to information.		ide the information	n required in Part I,	line 2, Part III, column (b	provide the information required in Part I, line 2, Part III, column (b), and any other additional
North Caro	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	ors activities of grant	ts to other organization	ons by meeting with th	e organization and discussin	g their program activities and
verifying th	verifying that intended activities were completed.					
						Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047

Open to Public Inspection

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.

► Attach to Form 990 or 990-EZ.

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 990) is prepared after an internal review
of the organization's books and records for the year. The draft form is then sent to the	ne organization's officers for their
comments and suggested changes. After completion of that review, the revised form	is sent to the Board for review.
Questions , comments and changes, if any, are incorporated after discussion with th	e 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	olicy, and financial statements
available to the public The organizations governing documents are available online	e through the State of North Carolina's
online access to corporate records. In addition, the organization's governing docum	ents, conflict of interest policy and
financial statements are available upon request by submitting a written request to the	e organization's address
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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
	