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# SCANNED DEC 3 0 2014

Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2013

Open to Public Inspection

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

▶ Do not enter Social Security numbers on this form as it may be made public.

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

OGDEN,

Department of the Treasury Internal Revenue Service

Inter	nal Rever	nue Service	▶ Information about Form 990 and its instructions is at wv	ww.irs.go	v/form990		Inspection
<u>A</u>	For the	e 2013 cale	ndar year, or tax year beginning May 1, 2013, and	ending	Apr	30	, 20 14
В	Check if	f applicable	C Name of organization North Carolina Citizens for Protecting our School	ols		D Employ	er identification number
	Address	s change	Doing Business As				45-2294710
	Name c	hange	Number and street (or P O box if mail is not delivered to street address)	oom/suite		E Telepho	ne number
	Initial re		PO Box 1093		ŀ		919-828-0731
$\bar{\sqcap}$	Termina		City or town, state or province, country, and ZIP or foreign postal code				
百		ed return	Raleigh, NC 27602		J	<b>G</b> Gross re	eceipts \$ 352,235
$\overline{\Box}$				1			subordinates? Yes No
_	Арриса	don pending	434 Fayetteville St., Ste. 2500, Raleigh, NC 27601	- 1	=		s included? Yes No
_		met etetue		527			a list (see instructions)
늘	Website	mpt status	<u> </u>		H(c) Group		•
K			✓ Corporation Trust Association Other ► L Year of	f formation		<del> </del>	of legal domicile
_	art i			Tiormation		IN State	or legal dofficile
	_	Summ		The erec			
m	1	-	escribe the organization's mission or most significant activities:				
ĕ			good and social welfare of North Carolina residents by conducting re-				
Ë	_		nd disseminating accurate and timely information on the subject of No				
Š	2		is box  if the organization discontinued its operations or disposition (2) is the organization discontinued its operations or disposition (2) is the organization discontinued its operations or disposition (2) is the organization discontinued its operations or disposition (2) is the organization discontinued its operations or disposition (2) is the organization discontinued its operations or disposition (3) is the organization discontinued its operations or disposition (3) is the organization discontinued its operations or disposition (3) is the organization discontinued its operations or disposition (3) is the organization discontinued its operations or disposition (4) is the organization of the organization of the organization (4) is the organization of the o				its net assets.
Ğ	3		, , , , , , , , , , , , , , , , , , , ,			3	3
φ 0	4		of independent voting members of the governing body (Part VI, In-			4	2
itie	5		nber of individuals employed in calendar year 2013 (Part V, line 2a	a)		5	0
Activities & Governance	6		nber of volunteers (estimate if necessary)			6	0
Ř	7a		elated business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unrel	ated business taxable income from Form 990-T, line 34	<del></del>	<u> </u>	7b	0
					Prior Yea	ar	Current Year
<u>o</u>	8		tions and grants (Part VIII, line 1h).		835,032	345,100	
ent	9		service revenue (Part VIII, line 2g)		0	7,135	
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)			0	0
ш.	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·		0	0
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 1	12)		835,032	352,235
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)			175,000	150,000
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			0	0
S	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-1	10)		0	0
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			0	0
g	b	Total fund	draising expenses (Part IX, column (D), line 25) ▶	0	× \$ 1 × 1 × FE	,	
Ω	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	··.		645,784	182,199
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			820,784	332,199
	19	Revenue	less expenses. Subtract line 18 from line 12			14,248	20,036
58	<del></del>			Beg	inning of Cur		End of Year
ets or	20	Total ass	ets (Part X, line 16)			113,188	135,139
Net Asser	21		ilities (Part X, line 26)	.		2,441	4,356
훒	22		ts or fund balances. Subtract line 21 from line 20			110,747	130,783
_	art II		ure Block			,,,,,,,,,	
_		<del></del> _	ry, I declare that I have examined this return, including accompanying schedules and	d statemer	nts, and to th	e best of n	ny knowledge and belief it is
tru	e, correc	t, and compl	ete Declaration of preparer (other than officer) s based on all information of which p	reparer ha	s any knowle	dge	/ /
		7	4.1. V f Den V			12	15/14
Siç	ın	Sign	ture of officer		Dat	e / /	
He		'				-	•
	. •		OCHAEL L WEISFL, PIRECTOR				
_		1, 7,	pe preparer's name Preparer's signature	Date	, ,	Τ	PTIN
Ŗā	id 🖂		VED	12/	15/14	Check [ self-emp	<u> </u>
Pr	e <u>pare</u>		(3)	1-/	<u>,                                    </u>	1	PO1606041
Ųş	e On	ly Firm's n	ame ►   ŏ		Firm	s EIN ►	

3/3

✓ Yes 
☐ No

Cat No 11282Y

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II

	90 (2013)	-			Page 2
Part		nt of Program Service		io Dort III	
				is Part III	<u>· · · ⊔</u>
'	•	the organization's mission		of North Cooks and the last to the second	
				of North Carolina residents by conducting	
	***************************************	oring educational activities a's public education system	_	curate and timely information on the subjec	ι
	or worth Carolin	a 5 public education system	7		
2	Did the organiz	ation undertake any signi	ficant program services during th	e year which were not listed on the	
	prior Form 990				res □ No
	If "Yes," describ	oe these new services on	Schedule O.		
3				in how it conducts, any program	
	services?			· · · · · · · · · · · · · · · · · · ·	res 🗹 No
	If "Yes," describ	be these changes on Scho	edule O.		
4	expenses. Sect	ion 501(c)(3) and 501(c)(4		of its three largest program services, as report the amount of grants and allocation	
4a	(Code:	) (Expenses \$	150,000 including grants of \$	150,000) (Revenue \$	
74				portance of adequately funding teacher cor	nnensation
				he education of the public through broadca	
				contact their elected representatives	
					••••
4b				0) (Revenue \$	
	The organization	conducted and administer	ed a program called Lead NC Lea	d NC is a program to train, educate and dev	elop
	potential future I	eaders in the North Carolin	a		
			•••••		
				••••••	
					•
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	<u> </u>
70	(Oode	) (Expenses #	moldding grants or w	) (πενεπαε ψ	· <b>··</b> ····'
					••••
					•••••
		••••••••••••			••
4d	Other program s	services (Describe in Sche	edule O.)		· · · · · ·
	(Expenses \$	including gra		νιο <b>¢</b> \	

309,252

4e Total program service expenses ▶

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>√</b>	
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	<b>Section 501(c)(3) organizations.</b> 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		✓
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		<b>~</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
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		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	ار قامدة ال		
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	Salan -	<i>✓</i>
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		<b>-</b>
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		<b>-</b>
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		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
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		<b>✓</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
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			,
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>√</u>
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>√</u>
17	assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV.</i>	16		<u>√</u>
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>√</u>
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>√</u>
	If "Yes," complete Schedule G, Part III	19		<b>✓</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		Form	990	(2013)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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	ļ	<b>V</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	1
25a		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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		<b>√</b>
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):			14.
	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		<b>√</b>
c	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		<u> </u>
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		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		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	-	<b>√</b>
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		<b>√</b>
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		<b>√</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓_
36	<b>Section 501(c)(3) organizations.</b> 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? If "Yes," complete Schedule R,			
38	Part VI	37		<u>✓</u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	<b>V</b>	

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Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Check if Contours a contained respense of flote to any line in this variety in the contained in the containe		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		,	1.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			S
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	) 	100° ×
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		14 18 m	·
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	( )	*. 	1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country:   Connection for five requirements for Form TD F 00 00 1 Board of Foreign Book and Foreign Bo	· 🖟	., *	. J
<b>.</b>	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			1_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>-</b>
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	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	0a		-
	gifts were not tax deductible?	6ь	1	
7	Organizations that may receive deductible contributions under section 170(c).		+ ~ <u>1 ~</u>	930 × 20
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	· 4,	18 1 3	
	and services provided to the payor?	7a		32
ь	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	]^,	. ************************************	2.1
e	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	1,4	* :	is y
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		عدمك	1
_	organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.		<u> 188</u> . 2	
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	1 74 Diggs	*.3
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		4	- ;;;
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		; , , -:	,
ь 11	Section 501(c)(12) organizations. Enter:			247 s
a	Gross income from members or shareholders	 	eren in der	7,1
b	Gross income from other sources (Do not net amounts due or paid to other sources			4
	against amounts due or received from them.)	, [7, ]		
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	( <del>)</del>	**	(C)
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			2.1
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.	3)	18"33	
þ	Enter the amount of reserves the organization is required to maintain by the states in which	د رائز د	;.	!
	the organization is licensed to issue qualified health plans	. ,		
¢	Enter the amount of reserves on hand		, .,	, , ,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struci	tions.
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	<u> </u>	<u>. ∠</u>
Secti	on A. Governing Body and Management		-	1
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		<b>\</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
8	stockholders, or persons other than the governing body?	7b	Page 11/2	
_	the year by the following:	2		豫:,
а	The governing body?	8a		: 225a
b	Each committee with authority to act on behalf of the governing body?	8b	7	$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			<del>                                     </del>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	$\overline{}$
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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.	Œ		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓_	<u> </u>
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	<u> </u>
13	Did the organization have a written whistleblower policy?	13	<u>√</u>	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	<b>√</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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?			-9
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b	MARSON STOLEN	- e" to make
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			Sales Sales
104	with a taxable entity during the year?	16a	Li	1
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	調整な		1-19-19-48 1-18-1-4
	organization's exempt status with respect to such arrangements?	16b		e - 14
Section	on C. Disclosure			
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 available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
	☐ 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 inte	est p	oolicy	y, 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 person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books are personally the person who person the person who person the person who person the person that the person who person the person that the person t	of the		
	organization: ► Michael L. Weisel, 434 Fayetteville Street, Ste 2500, Raleigh, NC 27602			

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Page **7** 

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
•	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 no	r any relate	d org	anız	atic	on c	ompe	ensa	ited any currer	t officer, directo	r, or trustee.
				(	C)					
(A)	(B)	l			sition			(D)	(E)	(F)
Name and Title	Average					than e		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	
	week (list any hours for	우콩	175	오	₹ e	en E	77	from the	related organizations	other compensation
	related	dire	<b>1</b>	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctor	ĵ.		팋	96 CO	`	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	ᅙ		ě	l mg	ſ			organizations
		8	Institutional trustee			Highest compensated employee				
	-		-	-	├	ă	$\vdash$			
(1) K Oshinsky	1									
Board Director and President		1		✓	<u> </u>	<u> </u>		0	0	
<b>(2)</b> J. A. Perry	1									
Board Director and Vice President		<b>/</b>		1	ļ			0	0	
(3) Michael L. Weisel	1	[	[			[		[		
Board Director and Secretary/Treasurer	<u> </u>	1		<b>✓</b>	<u> </u>			0	0	
(4)										
(5)				-		-				
(6)					-		-			
(7)				-	<del> </del>					
(7)	<b>†</b>									
(8)										
(9)					_				<del></del>	
(10)										
(11)										
(12)									<b>1</b>	······································
(40)	<del> </del>			<u> </u>			<u> </u>			
(13)	ļ									
(14)						-				
	1								i	

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees	(continu	ied)	
	(A) Name and title	(B) Average hours per week (list any	box, i	unles	Pos eck s pe	rson	than on the state of the state	h an	(D)  Reportable compensation from	(E) Reportation	n from	(F) Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N	ons	compensation from the organization and related organizations	ı
(15)						_							
(16)													
(17)								-			-		-
(18)												<del>-</del>	
(19)								-			-		
(20)				-				-				<del></del>	
(21)								-	<u> </u>				
(22)							_ <b>_</b>					·	
(23)												<del></del>	
(24)				ļ									
(25)													
1b c d	Sub-total	VII, Section	n A					► ► ►	0		0		0
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w		ore than \$1		of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direct						emp	loyee, or high	est compe	ensated	Yes 3	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual											1700134	
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	dividual	5	✓ ~
	on B. Independent Contractors												
1	Complete this table for your five highest of compensation from the organization. Replyear.												.x
	(A) Name and business add	ress							(B) Description of se	ervices	(	(C) Compensation	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Part	VIII	Statement of Reve Check if Schedule O		onse or note to	any line in this	Part VIII		
	<u>·                                     </u>	Oleck II Schedule O	Contains a resp	25.135 57 11515 1	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (con	1b 1c s 1d atributions) 1e			,		
ntributio d Other	f g	All other contributions, gi and similar amounts not inc Noncash contributions include	cluded above 1f	345,100 0	e was done to		*	ý
မှု င	h	Total. Add lines 1a-1	f	<u></u> . ▶	345,100	*	v ,#	,
				Business Code				3" 1
Program Service Revenue	2a b	Lead NC Program Fees	S	611600	7,135	7,135		
Ę.	С							
ઝું	d							
Ē	е							
g	f	All other program ser						
5	g	Total. Add lines 2a-2		•	7,135	,án		. '
	3	Investment income and other similar amo	(including divide ounts)	ends, interest,	0			
	4	Income from investmen	it of tax-exempt be	ond proceeds ►	0			
	5	Royalties			0			
	6a	Gross rents	(ı) Real	(ii) Personal	3 %	,	, , , , , , , , , , , , , , , , , , ,	
	b	Less: rental expenses			:	· -	3 **	· · · · · · · · · · · · · · · · · · ·
	С	Rental income or (loss)		<u> </u>		,		2
	d	Net rental income or		<u> </u>	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other			, , ,	
	b	assets other than inventory Less. cost or other basis and sales expenses .			, 1	s .		
	c	Gain or (loss)				· · · · · · · · · · · · · · · · · · ·		Salamana and data at an an a
•	d	Net gain or (loss) .		•	0		* ,	
evenue	8a	Gross income from fu events (not including \$ of contributions reports			* **	i ga at ty	***	
Other Reve	, h		a		,	, ,		(1.53)
0		Net income or (loss) f		events . ►	0			
		Gross income from ga		events . P	, <u>U</u>		,	
	ь	Less: direct expenses	s <b>b</b>					
	С	Net income or (loss) f		vities ►	0			
		Gross sales of in returns and allowance	nventory, less		,			
	ь	Less: cost of goods s	sold <b>b</b>			Į.		
	C	Net income or (loss) t		entory >	] o			
	<del>-</del> -	Miscellaneous F		Business Code		,		* **/
	44-				·			
	11a				-	<del> </del>	<del> </del>	<del> </del>
	b		·				_	<del>                                     </del>
	С				<del> </del>	<del> </del>		
	d	All other revenue .		L				· · · · · · · · · · · · · · · · · · ·
	e	Total. Add lines 11a-		•	0		1	trop is the Time
	112	Total revenue See i	nstructions.		352 235	1 7 135	1	1

Part IX Statement of Functional Expenses

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

Section	n 501(c)(3) and 501(c)(4) organizations must com	ipiete ali columns. Al	otner organizations		F21
<del>D</del>	Check if Schedule O contains a respon-	(A)	(B)	(C)	(D)
Do no: 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	150,000	150,000	·	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			ا الله الله الله الله الله الله الله ال	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 .				2
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				aryan Ma
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 10 11	Other employee benefits				
a b c	Management	15,190 6,580		15,190 6,580	
d e f g	Lobbying		٠,٠ 6		
12	(A) amount, list line 11g expenses on Schedule 0.)  Advertising and promotion	101,255	101,255	· · · · · · · · · · · · · · · · · · ·	
13 14 15	Office expenses	174 2,960	2,960	174	
16 17	Occupancy	2,698	2,698		
18	for any federal, state, or local public officials	7.020	7.829		
19 20 21	Conferences, conventions, and meetings Interest	7,829	7,829		
22 23	Depreciation, depletion, and amortization  Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	. us	,	· sý	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	<u> </u>	'* * ·		
a b	Research and Polling Bank Fees	44,510 678	44,510	678	
d d	All other expenses Miscellaneous	325		325	
25 25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	332,199	309,252	22,947	
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2013

P	art X	Balance Sheet	<del></del>		<u> </u>
-	,	Check if Schedule O contains a response or note to any line in this Pa	rt X		
		Silvent in Schloddio Silvent and a respective of hote to any inner and	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	113,188	1	135,139
	2	Savings and temporary cash investments	0		0
ts	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			, 1
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	· <u>%</u> "1
	6	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	0
Assets	7	Notes and loans receivable, net	0	7	0
Ą	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		*	·
	ь	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		0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	113,188	16	135,139
	17	Accounts payable and accrued expenses	2,441	-	4,356
Liabilities	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	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, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
Lia	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third			<u></u>
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	2,441	26	4,356
es		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	* * * . * .	- 1 1 -	**************************************
Net Assets or Fund Balances	27	Unrestricted net assets	110,747	27	120 702
	28	Temporarily restricted net assets	110,747	28	130,783
	29	Permanently restricted net assets	0	29	0
	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	* ***		
	30	Capital stock or trust principal, or current funds	o ion become him more ability in Brender	30	2001
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	<del></del>
let	33	Total net assets or fund balances	110,747	33	130,783
	34	Total liabilities and net assets/fund balances	113,188	34	135,139

Form 9	90 (2013)			P	age <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		<u>. 📮</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	52,235
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	32 <u>,199</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			20,036
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	10,747
5	Net unrealized gains (losses) on investments	5			0
6	<del> </del>				
7	Investment expenses				0
8	Prior period adjustments	8	'		0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1	30 <u>,783</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· ·	<u></u>	<u></u>	
			<del></del>	Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other		_	i ir ir	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın 🔯		100
	Schedule O.			到 <b>男</b> 女	
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled (	or 💮		Mark.
	reviewed on a separate basis, consolidated basis, or both:				100
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		31		
b	Were the organization's financial statements audited by an independent accountant?		. 2	b	✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a 🏚	特數金	
	separate basis, consolidated basis, or both:		),		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			İ	
	of the audit, review, or compilation of its financial statements and selection of an independent accou			c	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	ın 🔀		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın 📗		1
	the Single Audit Act and OMB Circular A-133?.		. 3	a	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	_			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udite	21	h	1

Form **990** (2013)

# SCHEDULEI (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.

545-0047	Ç
OMB No 1	0

Open to Public Inspection

45-2294710

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

Employer identification number

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ° □ ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? North Carolina Citizens for Protecting our Schools

Part I General Information on Grants and Assistance Part II

		-						
7	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(E) 80	(1) North Carolina Families First PO Box 255, Raleigh, NC 27602	45-3626206	501(c)4	140,000				Fund education issues
<b>8</b> 08	(2) Wake Cit for Good Gov IE PAC PO Box 27622, Raleigh, NC 27611	46-3648828	Ϋ́	10,000				Fund education issues
ල								
<b>€</b>								
(2)								
9								
E	ω)							
8								
6								
(10								
Ξ								
(12)								
ი ი	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov ganizations listed	rernment organizati I in the line 1 table	tions listed in the li	ine 1 table			. • 0

Schedule I (Form 990) (2013)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013) North Carolina Citizens for Protecting our Schools monitors activities of grants to other organizations by receiving and reviewing written progress reports, receiving and reviewing financial (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) reports, meeting with the organization, discussing their program activities and verifying that intended activities were completed (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III S 9 N ო 4

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer Identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 organization's officers for their
comments and suggested changes. After completion of that review, the revised fo	rm is sent to the Board for review
Questions .comments and changes, if any, are incorporated after discussion with	the Board and the preparor to finalize
and file the return	
Part VI - Line 19 - Describe how the organization makes its governibg documents, conflict of interes	policy, and financial statements
available to the public - The organizations governing documents are available on	ine through the State of North Carolina s
online access to corporate records. In addition, the organization's governing docu	iments, conflict of interest policy and
financial statements are available upon request by submitting a written request to	the organization's address
Other Fees for Services - Part IX - Line 11g	
Lead NC Program Consulting 58,921	
Lead NC Program Coordinator 32,000	
Lead NC Support Training 10,334	
	·