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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2015 calendar year, or tax year beginning 2015, and ending 20 16 Apr 30 D Employer identification number C Name of organization North Carolina Citizens for Protecting our Schools Check if applicable Doing business as 45-2294710 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Initial return 919-679-1776 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 3,345,530 Amended return Raleigh, NC 27602 F Name and address of principal officer Michael L. Weisel H(a) is this a group return for subordinates? Yes Vo Application pending H(b) Are all subordinates included? Yes No 1101 Haynes Street, Suite 205, Raleigh, NC 27604-1455 If "No," attach a list. (see instructions) √ 501(c) ( 4 ) ◀ (insert no ) ☐ 4947(a)(1) or Tax-exempt status: H(c) Group exemption number ▶ Website: ▶ M State of legal domicile Form of organization: 

Corporation Trust Association Other ▶ L Year of formation. Part I Summary 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) . . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 0 6 6 Total number of volunteers (estimate if necessary) . . . . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 8 3,780,153 3,337,225 Program service revenue (Part VIII, line 2g) 8,305 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 0 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,780,153 3,345,530 Grants and similar amounts paid (Part IX, column (A) (Ines/1-3) 13 2,553,000 2,721,750 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 0 Professional fundraising fees (Part IX, column (A), Inne 1-1e) 2.1.2016. 16a 0 0 Total fundraising expenses (Part IX, column (D), line-25)\_\_\_ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) A. 1,237,327 652,777 3,374,527 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 3.790.327 Revenue less expenses. Subtract line 18 from line 12 (10.174)(28,997)Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 120,609 93,627 21 Total liabilities (Part X, line 26) . . 2,015 22 Net assets or fund balances. Subtract line 21 from line 20 120,609 91,612 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 SECRETARY / TREASURER Here MICHAEL L. WEISEL Type or print name and title Print/Type preparer's name Check 7 if Paid self-employed Michael J Schierbeek PO1606041 **Preparer** Firm's ElN ▶ Firm's name Use Only Firm's address ▶ Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions.

✓ Yes 
☐ No Form **990** (2015)

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Part	Checklist of Required Schedules		<b>v</b>	1 11-
,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	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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	<i>y</i>
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		<u> </u>
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? 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		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	√	'
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		<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	✓	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	<u>-</u>	1
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		1
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 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 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 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>√</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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		<b>√</b>
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		1
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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		-
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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			<del>                                     </del>
	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			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>-</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	24b		
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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?			/
26	If "Yes," complete Schedule L, Part I	25b		<del>-</del>
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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			1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		<del>                                     </del>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			,
32	Part I	31		<b>✓</b>
<b>-</b>	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? If "Yes," complete Schedule R, Part 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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	[]		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
50	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,			1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		<b>/</b>
~-	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>✓</b>	1
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Part					
	Check if Schedule O contains a response or note to any line in this Part V		· · ·		<u>. [</u>
10	Enterthe number control of D. O. C.E. (1999 E. C.	1. 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 40	1		
b b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments	[1b] 0	4	Ì	
·	reportable gaming (gambling) winnings to prize winners?	to vendors and	ت ا	-,-	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	1c	✓	╂
Za	Statements, filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment	[2a   0	┥	ļ	1
J	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins		2b	<u> </u>	+
За	Did the organization have unrelated business gross income of \$1,000 or more during the year		20		-
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in S		3a 3b	├	1
4a	At any time during the calendar year, did the organization have an interest in, or a signature		3D	ł	1
74	over, a financial account in a foreign country (such as a bank account, securities account,				
	account)?		4a		1
b	If "Yes," enter the name of the foreign country: ▶		70		├
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and F	inancial Accounts			
	(FBAR).	mancial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	vear?	5a	į	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,0				
	organization solicit any contributions that were not tax deductible as charitable contributions	?	6a	1	İ
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			
	gifts were not tax deductible?		6b	1	ļ
7	Organizations that may receive deductible contributions under section 170(c).				Ì
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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property	for which it was			
	required to file Form 8282?		7c		L
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		Į	l
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal l		7e	L	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	•	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	naintained by the			
Δ	sponsoring organization have excess business holdings at any time during the year?		8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		0-		-
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related per		9a		
10	Section 501(c)(7) organizations. Enter:	son?	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:	[ 100 ]			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<del> </del>
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 Schedul	e 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	13b			
C	Enter the amount of reserves on hand	13c	. 1		l

Did the organization receive any payments for indoor tanning services during the tax year? . . . .
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Costi	Check if Schedule O contains a response or note to any line in this Part VI	· · ·	<u> </u>	. ⊻
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	ſ	163	110
ıa	If there are material differences in voting rights among members of the governing body, or	ł		
	if the governing body delegated broad authority to an executive committee or similar	Į		
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 2			i '
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		]
	any other officer, director, trustee, or key employee?	2	-	<b>√</b>
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		<b>/</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>V</b>
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?			١,
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		1
b	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		├ <b>-</b>
_	the year by the following:			
а	The governing body?	8a	1	i - '
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		<u> </u>
		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<del>                                     </del>
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<del></del>	· ·	
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,"			
	describe in Schedule O how this was done	12c	✓	<u> </u>
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	✓	<u> </u>
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?			,
•	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
a b	Other officers or key employees of the organization	15b		<del>                                     </del>
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			,
	with a taxable entity during the year?	16a		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	i		
	organization's exempt status with respect to such arrangements?	16b		L
	on C. Disclosure			<del></del>
17 18	List the states with which a copy of this Form 990 is required to be filed ► North Carolina  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	C)(3)C	Only
10	available for public inspection. Indicate how you made these available. Check all that apply.	. 501(	U)(U)S	orny)
	☐ 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 into	erest	policy	, and
	financial statements available to the public during the tax year.		. ,	
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	<b>•</b>	
	Michael L. Weisel, 1101 Haynes Street, Suite 205, Raleigh, NC 27604-1455			

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Form	990	<i>12</i> 01	.51

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an
•	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 r	or any relate	d org	aniz	atic	on c	ompe	ensa	ited any currer	t officer, directo	r, or trustee.
		-		- (0	C)					
(A)	(B)	l			sition			(D)	(E)	(F)
Name and Title	Average					e than		Reportable	Reportable	Estimated
	hours per	office				or/trus		compensation	compensation from	
	week (fist any hours for	익물	5	Q	Ž	3 =	75	from the	related organizations	other compensation
	related	물통	#	Officer	9	롱	Former	organization	(W-2/1099-MISC)	from the
	organizations		Institutional trustee		Key employee	) A C	=	(W-2/1099-MISC)		organization
	below dotted	] <sup>2</sup> 2	2 +		1 8	Į		1		and related organizations
	,	👸	Į Š	(	"	ST-B		1		
	- [	ĺ	#	l		Highest compensated employee	Į	ļ		
	<del>                                     </del>				T	<del>                                     </del>				
(1) J. A. Penry	1	1			l			1		
Board Director and President		/		1	<u> </u>	<u> </u>	_	0	0	0
(2) J Laurenz	11	]		ł	1	1	}		İ	
Board Director				L	L	L	L.	0	0	0
(3) Michael L. Weisel	1	l		ļ			ĺ			
Board Director and Secretary/Treasurer		1		1	L			<u> </u>	0	0
(4)										
		<u> </u>		L.,	Ĺ	L	_	t		
(5)										
				<u> </u>	<u> </u>	<u> </u>	<u> </u>			•
(6)		}		}	}		1	1		
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(7)		ļ				ĺ	ĺ			
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(8)		1				}				
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	_1	1	L	L	1.	)	i	)		

•	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos eck s pe	rson	e than or trus Highest compensated	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fron related organizations (W-2/1099-MISC)		am comp fro orga and	(F) imated ount of other oensatio m the inization related	on n i
(15)				ě			ated				-			
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(25)						_					ļ			
1b c d	Sub-total	<u> </u>	<u> </u>					<b>A A</b>	0	(				0
2	Total number of individuals (including but reportable compensation from the organi			ose	list	ed a	above	e) w	ho received mo	ore than \$100,0	00 of			
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mp	loyee, or high	est compensat	ed	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											4		1
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individ	1-	5		· / -
	n B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization. Repyear.													ЭX
	(A) Name and business add	ress							(B) Description of se	ervices	Cor	(C) mpens	ation	
	Total number of independent contracto	rs (includin	ıg bu	t no	ot li	mite	ed to	th	ose listed abo	ove) who				
	received more than \$100,000 of compens								0			For	n 990	(2015)

Form **990** (2015)

Pari	VIII	Statement of Revenue Check if Schedule O contains a response or note	to any lina in this	Dart VIII	<del>-</del>	
		Official in Scriedule O Contains a response of flote	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, Grants	1a b c	Membership dues 1b	0 0			
ns, Gifts Similar A	d e	Related organizations 1d  Government grants (contributions) 1e	0			
Contributions, Gifts, Grants and Other Similar Amounts	f g		5 0			
	h	Total. Add lines 1a–1f	3,337,225		-	
ice Reve	2a b c	Lead NC - Seminar Fees	8,305			
Program Service Revenue	d e					
Prog	f g	All other program service revenue .  Total. Add lines 2a-2f	8,305			
	3	Investment income (including dividends, interest, and other similar amounts)	0	0	0	0
	5	Royalties	0	0	0	0
	6a b c d	Gross rents		- 0	o	
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses . (i) Securities (ii) Other				
	c d	Gain or (loss)	0	0	0	0
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
Ę	ь	Less: direct expenses b	1			
	с 9а	Net income or (loss) from fundraising events . ▶ Gross income from gaming activities. See Part IV, line 19 a	0		0	0
:	С	Less: direct expenses b  Net income or (loss) from gaming activities ▶  Gross sales of inventory, less	0	0	0	
	b	returns and allowances a  Less: cost of goods sold b	_			
i	c	Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code	0	0	0	0
	11a					-
	b		+			
	đ	All other revenue	1			<del></del>
	е	<b>Total.</b> Add lines 11a–11d ▶	0			
	12	Total revenue. See instructions	2 245 520	^		

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations n	nust complete all columns.	All other organizations must co	mplete column (A).

Section	501(c)(3) and 501(c)(4) organizations must con	-			
	Check if Schedule O contains a respon				
	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
	Grants and other assistance to domestic organizations				
a	and domestic governments. See Part IV, line 21	2,721,750	2,721,750		<del></del>
	Grants and other assistance to domestic				
į,	ndividuals. See Part IV, line 22	0	0		
3 (	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
i	ndividuals. See Part IV, lines 15 and 16	0	0		
4 E	Benefits paid to or for members	0	0		
	Compensation of current officers, directors,				
t	trustees, and key employees	o	0	0	(
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
ŗ	persons described in section 4958(c)(3)(B)	0	0	. 0	
7 (	Other salaries and wages	0	0	0	
	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)	0	0	0	C
9 (	Other employee benefits	0	0	0	C
	Payroll taxes	0	0	0	
	Fees for services (non-employees):				
a l	Management	o	0	0	C
<b>b</b> l	Legal	38,769	0	38,769	
c /	Accounting	31,594	0	31,594	C
d i	Lobbying	0	0	0	C
e F	Professional fundraising services. See Part IV, line 17	0			
f i	nvestment management fees	0	0	0	
	Other. (If line 11g amount exceeds 10% of line 25, column				
(,	A) amount, list line 11g expenses on Schedule O.)	334,222	334,222	0	C
12	Advertising and promotion	10,719	10,719	0	0
13 (	Office expenses	57,835	57,835	0	C
14 I	Information technology	9,509	9,509	0	<u> </u>
15 F	Royalties	0	0	0	<u>.</u>
16 (	Occupancy	73,003	73,003	0	<u>C</u>
	Travel	35,543	35,543	0	<u></u>
	Payments of travel or entertainment expenses	·			
f	for any federal, state, or local public officials	0		0	C
19 (	Conferences, conventions, and meetings .	38,338	38,338	0	
20 1	Interest	0	0	0	C
	Payments to affiliates	0	0	0	
	Depreciation, depletion, and amortization .	6,124	0	6,124	
23 I	Insurance	10,674	0	10,674	(
	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.)				
-	Books, Subscriptions, Reference	2,700	0	2,700	
	Postage, Mailing Services	1,270	1,270	0	
C	Bank Fees	486	0	486	
d		0	0	0	
	All other expenses Miscellaneous	1,991	0	1,991	
	Total functional expenses. Add lines 1 through 24e	3,374,527	3,282,189	92,338	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and	ĺ			
1	fundraising solicitation. Check here 🕨 🗍 if				
1	following SOP 98-2 (ASC 958-720)	0	0	0	Form <b>990</b> (2015

P	art X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Pa	rt X		
•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	88,693	1	66,81
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	(
s	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	- O	6	
Assets	7	Notes and loans receivable, net	0	7	
As	8	Inventories for sale or use	0	8	· · · · · · · · ·
•	9	Prepaid expenses and deferred charges	0	9	<u>.</u>
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0		
	b	Less: accumulated depreciation 10b 10,627	25,348	10c	19,99
	11	Investments—publicly traded securities	. 0	11	(
	12	Investments—other securities. See Part IV, line 11	0	12	(
	13	Investments—program-related. See Part IV, line 11	0	13	(
	14	Intangible assets	0	14	(
	15	Other assets. See Part IV, line 11	6,568	15	6,817
	16	Total assets. Add lines 1 through 15 (must equal line 34)	120,609	16	93,627
	17	Accounts payable and accrued expenses	0	17	2,019
	18	Grants payable	. 0	18	. (
	19	Deferred revenue	0	19	(
Liabilities	20	Tax-exempt bond liabilities	0	20	(
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties	0		
_	24	Unsecured notes and loans payable to unrelated third parties	0	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	(
	26	Total liabilities. Add lines 17 through 25	0	26	(
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
<u>ā</u>	27	Unrestricted net assets	120,609	27	91,612
Bal	28	Temporanly restricted net assets	0	28	(
פ	29	Permanently restricted net assets	0	29	(
Ē	1	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ō	1	complete lines 30 through 34.	_	1	
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-ın or capıtal surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	120,609		91,612
	34	Total liabilities and net assets/fund balances	120,609	34	93,627

91,612

Form 9	90 (2015)			Pa	age 12
Par	t XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
, 1	Total revenue (must equal Part VIII, column (A), line 12)	1			45,530
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,3	74,527
3	Revenue less expenses. Subtract line 2 from line 1	3		(2	8,997)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12	20,609
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			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		9	91,612
Par	XII Financial Statements and Reporting				.,,.
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	т
1	Accounting method used to prepare the Form 990:  Cash Accrual Other			<u> </u>	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			•	
b	Were the organization's financial statements audited by an independent accountant?		2b	-	<b>1</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	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 committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibilities are committee that assumes responsibilities are committee that assumes responsibilities are committee that assumes responsibilities are committee that assumes responsibilities are committee that assumes responsibilities are committee that assumes responsibilities are committee that assumes responsibilities are committee that assumes responsibilities are committee that assumes responsibilities are committeed as a committee that assumes responsibilities are committeed as a committee that assumes responsibilities are committeed as a committee that assumes responsibilities are committeed as a committee that assumes responsibilities are committeed as a committee and committee are committeed as a committee are committeed as a committee are committeed as a committee are committeed as a committee are committeed as a committee are committeed as a committee are committeed as a committee are committeed as a committee are committeed as a committee are committeed as a committee are	versight			

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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.

Schedule O.

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Form **990** (2015)

## **SCHEDULE D** (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service

Open to Public Inspection

itaine c	ale organization		i Employer identification flumper
	Carolina Citizens for Protecting our Schools		45-2294710
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono		
	funds are the organization's property, subject to the	he organization's exclusive legal contro	ol? 🔲 Yes 🗍 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Part	II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	<del></del>	
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		
c	Number of conservation easements on a certified		
ď	Number of conservation easements included in	` ,	
_			l I
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or teri	
	tax year ▶	, ,	, ,
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea		• •
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
-	<b>&gt;</b>	<b>3, 3</b>	
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
•	<b>▶</b> \$	g or moralies of and other stage	conservation care carried and , car
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expense statement, and
_	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem	ents.	
Part	Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila	, , , , ,	
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance shee
	works of art, historical treasures, or other simila		
	public service, provide the following amounts relate	ting to these items:	
			<b>&gt;</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		<b> ▶</b> \$
2	If the organization received or held works of art	t, historical treasures, or other similar	r assets for financial dain, provide the
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these it	tems:
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		<b>▶</b> \$
h	Assets included in Form 990. Part X		• • • • •

Par	III Organizations Maintaining	Collections of	Art, His	torical	<b>Freasures</b>	, or O	ther Similar	Assets (d	continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and o							
а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	rams		
b	☐ Scholarly research								
С	☐ Preservation for future generation	s					<del>-</del>		
4	Provide a description of the organiza XIII.	tion's collections	and expla	ain how t	hey further	the or	ganization's ex	empt pur	pose in Part
5	During the year, did the organization								
	assets to be sold to raise funds rathe	r than to be maint	ained as p	part of the	e organizati	on's c	ollection? .	· _ 🗆 .	Yes 🗌 No
Part	IV Escrow and Custodial Arra								
	Complete if the organization	n answered "Yes	s" on For	m 990, f	Part IV, line	e 9, or	reported an	amount c	on Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee								
_	included on Form 990, Part X?					• •		· 🗀 ነ	Yes 🗌 No
Ь	If "Yes," explain the arrangement in P	art XIII and compl	lete the fo	llowing to	able:			A	
						-	<del></del>	Amount	
Ç	Beginning balance					10	<del></del>		
d	Additions during the year					10	<del></del>		
e	Distributions during the year					16	<del></del>		<del></del>
f	Ending balance					11		<u> </u>	Class
2a	Did the organization include an amou								
	If "Yes," explain the arrangement in P  Endowment Funds.	art Alli. Check hei	e ii trie ex	фапапо	nas been	provid	ed on Part Alli	· · · ·	<u>-                                    </u>
ı aı	Complete if the organization	answered "Ves	" on For	m 000 I	Part IV line	10			
	Complete if the Organization	(a) Current year	(b) Pro		(c) Two year		(d) Three years b	ack (e) Fo	ur years back
1a	Beginning of year balance	(4) 55	(-,,		(0) )		(a) This by care of	(0)10	
b	Contributions		<del> </del>				<del></del>		
C	Net investment earnings, gains, and	<del> </del>	<del> </del>				<del></del>		
•	losses							j	
d	Grants or scholarships		<del> </del>		<u> </u>		<del></del>	<del></del>	
e	Other expenditures for facilities and	<del></del>	<u> </u>						<del></del>
_	programs	Į							
f	Administrative expenses		<del> </del>						
g	End of year balance								
2	Provide the estimated percentage of the	the current vear e	nd balanc	e (line 1a	column (a)	)) held	as:		
а	Board designated or quasi-endowme		%	. (	,	,,			
b	Permanent endowment ▶	,	'						
c	Temporarily restricted endowment ▶	·							
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in the	e possession of the	ne organiz	ation tha	at are held a	and ad	ministered for	the	
	organization by:								Yes No
	(i) unrelated organizations							. 3a(i)	)T   T
	(ii) related organizations							. 3a(ii	
b	If "Yes" on line 3a(ii), are the related o							. 3b	
4	Describe in Part XIII the intended uses		on's endo	wment fu	unds.				
Part									
	Complete if the organization	answered "Yes	on For	n 990, F	Part IV, line	11a.	See Form 99	0, Part X	, line 10.
	Description of property	(a) Cost or o			r other basis ther)		Accumulated epreciation	( <b>d</b> ) Bo	ook value
1a	Land	<del>.  </del>	0	·	0				0
b	Buildings		0	<del> </del>	0		0		
c	Leasehold improvements		0		0		0	<del></del>	
d	Equipment		0	<del></del> -	30,624		10,627		19,997
e	Other		0		0		0		15,557
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9		, column		c.) .	<b>&gt;</b>		19.997

Pan VII	Complete if the organization an		orm 990. Part IV. li	ne 11b. See Form	990. Part X. line 12.
•	(a) Description of security or categorial (including name of security)		(b) Book value	(c) Met	hod of valuation: -of-year market value
(1) Financia	l derivatives		+	<del> </del>	<del></del>
	held equity interests			<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·
(3) Other	• •				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		<u></u>	<u> </u>	<del></del>
Part VIII	Investments – Program Relate				
	Complete if the organization an	swered "Yes" on Fo	orm 990, Part IV, li	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation. -of-year market value
(1)					
(2)			<u></u>		····
(3)				<u> </u>	
(4)					
(5)		<del> </del>		ļ	
_(6)		<del> </del>			
<u>(7)</u>	<u> </u>		<u> </u>	<del></del>	<del></del>
(8)		<del></del>	<u> </u>	<u> </u>	
(9)	15 000 B + V + B + C			<del>                                     </del>	<del> </del>
	b) must equal Form 990, Part X, col (B) line 13.)	·	<u> </u>	<u> </u>	
Part IX	Other Assets.		000 D-+ IV E	44 d O E	000 Dest V. Kees 45
	Complete if the organization and	(a) Description	orm 990, Part IV, III	ne 11a. See Form	(b) Book value
44) 4411 5		(a) Description	·		
	eld office utility deposit				318
	ld office rent security deposits	<del></del>	<del></del>		6,499
(3)					<del></del>
(4)	<del></del>				
(5)		<del></del>			<del></del>
<u>(6)</u>	<del></del>	<u></u>			<del></del>
<u>(7)</u>			<del></del>	<del></del>	
(8)		<del></del>			
Total. (Colui	mn (b) must equal Form 990, Part X,	col. (B) line 15.)			6,817
Part X	Other Liabilities.				0,017
	Complete if the organization and line 25.	swered "Yes" on Fo	orm 990, Part IV, lii	ne 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in		<del>                                     </del>			
(2)		<del> </del>			
(3)	<del></del>	<del> </del>			
(4)		<del> </del>			
(5)		<del> </del>			
(6)		<del></del>			
(7)			<del></del>		
(8)		<del> </del>			
(9)	<del></del>	1			
	b) must equal Form 990, Part X, col. (B) line 25.)	<del></del>			
	uncertain tax positions. In Part XIII, pro-		note to the organization	on's financial stateme	nts that reports the
organization's	s liability for uncertain tax positions unde	er FIN 48 (ASC 740). Ch	neck here if the text of	the footnote has bee	n provided in Part XIII

Par			Return.
	Complete if the organization answered "Yes" on Form 990, Part I		
, 1	Total revenue, gains, and other support per audited financial statements	[	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities	L	ł
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	L.	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		ļ
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		<b>!</b>
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part			r Return.
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.	<del></del>
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	,	
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ļ	1
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		4-
С 5	Add lines <b>4a</b> and <b>4b</b>		4c 5
	XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·	3 (
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P.	art IV. lines 1b and 2b:	Part V. line 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		
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			·

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

Open to Public Inspection 2015

OMB No 1545-0047

**Employer identification number** 

ᇍ	tecting our Schools						45-2294710
General Inform	General Information on Grants and Assistance	d Assistance					
1 Does the organization	maintain records to suk	ostantiate the amou	unt of the grants or	assistance, the c	grantees' eligibility for	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e, and
the selection criteria us	the selection criteria used to award the grants or assistance?	or assistance?					No.
	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ires for monitoring	the use of grant fu	nds in the United	States.		
Part II Grants and Oth	Grants and Other Assistance to Domestic O		ations and Don	nestic Governm	ents. Complete	rganizations and Domestic Governments. Complete if the organization answered "Yes" on Form	vered "Yes" on Form
990, Part IV, line	e 21, tor any recipien	t that received m	ore than \$5,000.	Part II can be d	uplicated if additi	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
1 (a) Name and address of organization or government	ation (b) 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
(1) North Carolina Families First PO Box 255, Raleigh, NC 27602	rst 45-3626206	527	1,475,000	0	4 Z	A/N	Fund education issues
(2) America Votes 1185 Connecticut Ave. NW, Ste 600, Washington, DC 20036	ic 20036 26-4568349	501(c)4	000'608	0		Ą'Z	Fund education issues
(3) Real Facts NC Po Box 808, Raleigh, NC 27602	27-3337837	501(c)4	239,000	0		N/A	Fund education issues
(4) Advance North Carolina, Inc. 108 Swift Creek Crossing, Durham, NC 27705	nc. 705 47-2740671	501(c)4	140,000	0	V/N	A/N	Fund education issues
(5) Progress North Carolina Action Po Box 41308, Raleigh, NC 27629	ction 45-2862217	501(c)4	48,750	0	N/A	V/N	Fund education issues
(6) Blueprint NC 3739 National Dr., Ste 201, Raleigh, NC 27612	612 27-2459538	501(c)4	10,000	0	ΝΆ	N/A	Fund education issues
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of s 3 Enter total number of o	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	vernment organizat d in the line 1 table	tions listed in the li	ne 1 table			0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	lotice, see the Instruction	ns for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2015)

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Schedule I (Form 990) (2015)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	mestic Individua	als. Complete if the	organization answ	ared "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance recipients	Space is needed (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
-						
2						
က						
4			:			
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line	the information re	equired in Part I, lir	le 2, Part III, column (b), and	(b), and any other addit	any other additional information.
North Caro	North Carolina Citizens for Protecting our Schools monitors activities		nts to other organizati	ons by receiving and re	viewing written progress rep	of grants to other organizations by receiving and reviewing written progress reports, receiving and reviewing financial
reports, me	reports, meeting with the organization, discussing their program activities and verifying that intended activities were completed.	ogram activities ar	nd verifying that intend	ded activities were con	pleted.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
						Schedule I (Form 990) (2015)

## 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 2015

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.

Open to Public 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 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	anization's officers for their
comments and suggested changes. After completion of that review, the revised form is set	nt to the Board for review
Questions ,comments and changes, if any, are incorporated after discussion with the Boar	d and the preparer to finalize
and file the return.	
Part VI - Line 19 - Describe how the organization makes its governing documents, conflict of interest p	olicy, and financial statements
available to the public. The organizations governing documents are available online through	th the State of North Carolina's
online access to corporate records. In addition, the organization's governing documents, or	conflict of interest policy and
financial statements are available upon request by submitting a written request to the orga	nızatıon's address.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer dentification number
North Carolina Citizens for Protecting our Schools	45-2294710
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