Form **990** 

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

OMB No. 1545-0047

2016

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

A For the 2016 catehodar year, or tax year beginning  Check it equivables  Address change  Address change  Address change  Institution  Address change  Institution  For instit			f the Treasury		social security number					Open to Public Inspection
B Check if spatiable (Name of organization North Carolina Citizens for Protecting our Schools   Disruptive Interfliction number	A									
Comparison Change   Comp	=							AD		
Mumber and attrevit or Pr.O. box if mail is not delivered to street address)   Room/suite   ETelephone number   919-679-1776	'n				Carolina Citizens for	Protecting our Sci	10015		• •	
Pol Box 1093   919-679-1776   1449.724	H				ov if mad is not delivered to	a ctreat arkthree)	Room/suite			
Print mummeratured   City or lown, state or province, country, and ZIP or foreign postal code   Amended natural   Title   Tax-exempt status:   Stockeys   Zive   Stockeys   Zive	H		Ť	-	<b>'</b>	•				
Amended return   Rateigh, NC 27602   Plane and actives of principal officer   Michael L   Weisse   1101 Haynes Street, Sunz 205, Rateigh, NC 27604-1455   1101 Haynes Sunz 205, Rateigh,	H				e country and 7ID or form	ian partal cada	L			19-6/9-17/6
Application pending   Name and address of principal officer. Michael L. Weise    High sets span yearn for subordinates?   Vee   No   No   No   No   No   No   No	H				e, country, and 21 or lore	gii posizii code			G Gross rece	inte \$ 1 440 72
Tax-assempt status:   Sotiops   Stroet, Suite 205, Releigh, NC 27604-1455   Mely New 3rd subsordaries excluded?   Yes   Mely New 3rd status:   Sotiops   S	H				alofficer Michaell M	loscal		Wat to this o a		<del></del>
Taxo-exempt status:   Sot(e)(3   Vertical parts)   Methetics   Websites   W	ш	Арріка					. 1	1	•	
Website:	_	T					┌त्त्रि⁴			
Summary	<u> </u>			<u> </u>	501(c) ( 4 ) ▼ (Insert n	o.) L 494/(a)(1) or	1 52/ /			•
Part II Summary    Bnefty 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 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.    Number of voting members of the governing body (Part VI, line 1a)   3   3   3   3   3   3   3   3   3	<u>K</u>			71 Companying 17 Tourt 17	Association C Other N	1 li va	- of formation	· · · · · · · · · · · · · · · · · · ·	7	
1 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 sevents, and disseminating accurate and timely information on the subject of North Carolina's public educations system.  2 Check this box ▶□ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)  3 Number of origing members of the governing body (Part VI, line 1b)  4 Number of independent voting members of the governing body (Part VI, line 1a)  5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7a Total unrelated business revenue from Part VIII, column (C), line 12  7a Total unrelated business revenue from Part VIII, column (C), line 12  7b Net unrelated business revenue from Form 990-T, line 34  Contributions and grants (Part VIII, line 1b)  8 Contributions and grants (Part VIII, line 1b)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, bottom (A), lines 1-3)  13 Grants and similar amounts paid (Part X, column (A), lines 1-3)  14 Benefits paid to or for members (Part X, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part X, column (A), lines 1-3)  16 Professional fundraising fees (Part X, column (A), line 25)  17 Other expenses (Part X, column (A), lines 10 (A), line 25)  18 Total expenses. Add lines 13 -17 (must equal Part X, column (A), lines 25 (A), and a set (B), and a set (					ASSOCIATION CITIEF >	I L Tes	ir or rormatio	n: 2011	M State of	iedai domicile. MC
common good and social welfare of North Carolina residents by conducting research, sponsoring educational activities and events, and disseminating accurate and timely information on the subject of North Carolina's public education system.  Check this box by □ if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a).  1 Number of independent voting members of the governing body (Part VI, line 1b).  2 Total number of individuals employed in calendar year 2016 (Part VI, line 1b).  3 Total number of individuals employed in calendar year 2016 (Part VI, line 1a).  5 Total number of votinteers (estimate if necessary).  6 Total number of volunteers (estimate if necessary).  6 Total unrelated business tevenue from Part VIII, column (C), line 12.  7 Total unrelated business texeurule from Form 990-T, line 34.  7 Total unrelated business texeurule from Form 990-T, line 34.  7 Total unrelated business texeurule from Form 990-T, line 34.  8 Contributions and grants (Part VIII, line 1h).  8 Contributions and grants (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 2g).  10 Investment income (Part VIII, line 2g).  11 Total revenue—add lines 8 through 11 (must equal Part VIII, button (A), lines 2g).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, button (A), lines 2g).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 25).  16 Total fundraising expenses (Part IX, column (A), lines 25).  17 Other expenses (Part IX, column (A), lines 25).  18 Total expenses.  19 Total fundraising fees (Part IX, column (A), line 25).  19 Total fundraising expenses (Part IX, column (A), line 25).  10 Total sessets (Part IX, line 16).  10 Total assets (Part IX, line 16).  10 Total assets (Part IX, line 26).  10 Total assets (Part IX, line 26).		_				-if44: :i				
events, and disseminating accurate and timely information on the subject of North Carolina's public education system.  Check this box	•	1 '	-	_	_					·
B Contributions and grants (Part VIII, line 1h) 9 Prior Year Current Year 10 Investment income (Part VIII, line 2g) 8,305 2,722 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,305 2,722 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ĕ	1								
B Contributions and grants (Part VIII, line 1h) 9 Prior Year Current Year 10 Investment income (Part VIII, line 2g) 8,305 2,722 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,305 2,722 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ë	1_								
B Contributions and grants (Part VIII, line 1h) 9 Prior Year Current Year 10 Investment income (Part VIII, line 2g) 8,305 2,722 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,305 2,722 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ž					•	sposed of	more than	1 - 1	s net assets.
B Contributions and grants (Part VIII, line 1h) 9 Prior Year Current Year 10 Investment income (Part VIII, line 2g) 8,305 2,722 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,305 2,722 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ğ	1		_		•				, <u> </u>
B Contributions and grants (Part VIII, line 1h) 9 Prior Year Current Year 10 Investment income (Part VIII, line 2g) 8,305 2,722 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,305 2,722 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	90	1		•	_		•		<del> </del>	
B Contributions and grants (Part VIII, line 1h) 9 Prior Year Current Year 10 Investment income (Part VIII, line 2g) 8,305 2,722 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,305 2,722 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	흁	1		•	•	2016 (Part V, line	2a) .		<u> </u>	(
B Contributions and grants (Part VIII, line 1h) 9 Prior Year Current Year 10 Investment income (Part VIII, line 2g) 8,305 2,722 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,305 2,722 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	훓	6		· ·	• •				6	
8 Contributions and grants (Part VIII, line 1h) 3,337,225 1,447,000 9 Program service revenue (Part VIII, line 2g) 8,305 2,722 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, Column (A), lines 5, 6d, 8d 9c, 19c, 19c, 19c, 19c, 19c, 19c, 19c,	ĕ	7a			•	• •			F	(
8 Contributions and grants (Part VIII, line 1h) . 3,337,225 1,447,000 9 Program service revenue (Part VIII, line 2p) 8,305 2,726 10 Investment income (Part VIII, column (A), lines 5, 6d, 8d, 9c, 19c, 3nd 19/10 0 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 19c, 3nd 19/10 0 0 0 12 Total revenue—add lines 8 through 11 (must equal Part IX, column (B), lines 1-2) 3,345,530 1,449,726 13 Grants and similar amounts paid (Part IX, column (B), lines 1-3) 0 2,721,750 558,07 14 Benefits paid to or for members (Part IX, column (B), lines 1-3) 0 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-10) 0 0 0 0 16 Total fundraising expenses (Part IX, column (A), lines 190 0 0 0 0 17 Other expenses (Part IX, column (A), line 190 0 0 0 0 18 Total expenses (Part IX, column (A), line 190 0 0 0 0 19 Total fundraising expenses (Part IX, column (A), line 190 0 0 0 0 10 0 0 0 0 0 0 10 0 0 0 0 0 0 10 0 0 0		b	Net unrel	ated business taxable in	come from Form 990	-T, line 34	<del></del>	<u> </u>		(
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 19c-3nc110) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 195 DEN, UT 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Into liabilities (Part X, line 26) 23 Into liabilities (Part X, line 26) 24 Into liabilities 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 Declarating of perplarer (officer) 25 Into perplative of officer 26 Into liabilities (Part X, line 26) 27 Into liabilities (Part X, line 26) 28 Into liabilities (Part X, line 26) 29 Into liabilities (Part X, line 26) 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total liabilities (Part X, line 26) 20 Into liabilities (Part X, line 26) 21 Into liabilities 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 Declarating of perplarer (officer) 25 Into liabilities (Part X, line 26) 26 Into liabilities (Part X, line 26) 27 Into liabilities (Part X, line 26) 28 Into liabilities (Part X, line 26) 29 Into liabilities (Part X, line 26) 20		}						Prior Ye	ar	Current Year
11 Other revenue Part VIII, column (A), lines 5, 6d, 8d, 9c, 16c, 2ard 19	9	8	Contribut	tions and grants (Part VIII	I, line 1h)		· · L	3	,337,225	1,447,000
11 Other revenue Part VIII, column (A), lines 5, 6d, 8d, 9c, 16c, 17c, 17c, 17c, 17c, 17c, 17c, 17c, 17	2	9	Program	service revenue (Part VIII	I, line 2g)		· · L		8,305	2,72(
11 Other revenue Part VIII, column (A), lines 5, 6d, 8d, 9c, 16c, 2ard 19	ě	10					L		0	
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4	11	Other rev	enue (Part VIII, column (/	A), lines 5, 6d, 8d, 9c,	10c-and-11e)/r-	- <u>-</u>		0	
14 Benefits paid to or for members (Part IX, column (M) line MAR 2 I. 2018 0 0 (Column (A) Line Maries, other compensation, employee benefits (Part IX, column (A), line 5-10) 0 0 (Column (A) Line Professional fundraising expenses (Part IX, column (A), line 195 DEN, UT 0 0 (Column (A), UT 0 0 0 0 (Column (A), UT 0 0 0 (Column (A), UT 0 0 0 0 0 (Column (A), UT 0 0 0 0 (Column (A), UT 0 0 0 0 (Column (A), UT 0		12	Total reve	enue—add lines 8 through	11 (must equal Part-	VIII) column (A), Jir	ie-12)	3	,345,530	1,449,720
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13					%	2	,721,750	558,071
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14	Benefits p	paid to or for members (F		· · · · · · · · · · · · · · · · · · ·				
Total expenses. Part II, Column (A), line 13—11d, 111—24e)  18 Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  3,657  3,656  21 Total liabilities (Part X, line 26)  3,657  3,665  21 Total liabilities (Part X, line 26)  3,657  4,656  22 Net assets or fund balances. Subtract line 21 from line 20  91,612  16,656  Part II  Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Paid  Print/Type or print name and title  Print/Type preparer's name  Michael J Schierbeek  Preparer's signature  Michael J Schierbeek  Firm's name  Firm's address  Print's address	sp.	15	Salaries, o	other compensation, empl	ovee benefits (Part IX.	column (A), lines	5–10) %		0	(
Total expenses. Part II, Column (A), line 13—11d, 111—24e)  18 Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  3,657  3,656  21 Total liabilities (Part X, line 26)  3,657  3,665  21 Total liabilities (Part X, line 26)  3,657  4,656  22 Net assets or fund balances. Subtract line 21 from line 20  91,612  16,656  Part II  Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Paid  Print/Type or print name and title  Print/Type preparer's name  Michael J Schierbeek  Preparer's signature  Michael J Schierbeek  Firm's name  Firm's address  Print's address	786	16a	Professio	nal fundraising fees (Par	t IX, column (A), line	TREDEN:	17		0	
Total expenses. Part II, Column (A), line 13—11d, 111—24e)  18 Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  3,657  3,656  21 Total liabilities (Part X, line 26)  3,657  3,665  21 Total liabilities (Part X, line 26)  3,657  4,656  22 Net assets or fund balances. Subtract line 21 from line 20  91,612  16,656  Part II  Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Paid  Print/Type or print name and title  Print/Type preparer's name  Michael J Schierbeek  Preparer's signature  Michael J Schierbeek  Firm's name  Firm's address  Print's address	Ĝ	Ь	Total fund	draising expenses (Part I	X, column (D), line 25	GODEIA' C				
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,374,527 1,524,676  19 Revenue less expenses. Subtract line 18 from line 12 (28,997) (74,956)  20 Total assets (Part X, line 16) 93,627 16,656  21 Total liabilities (Part X, line 26) 2,015 2,015 2  22 Net assets or fund balances. Subtract line 21 from line 20 91,612 16,656  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Figure or print name and title  Preparer's signature  Michael J Schierbeek  Firm's address ▶  Firm's address ▶  Phone no.	ũ	17		• •	• •				652,777	966.605
19 Revenue less expenses. Subtract line 18 from line 12		18	•	•	· -	' <del>-</del> '	) .	3		
Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Verture Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Paid  Print/Type or print name and title  Preparer  Use Only  Beginning of Current Year  93,627  16,656  27,015  091,612  16,656  16,656  16,656  17,015  18,015  19,015  19,015  10,0	:	19	•	•	•		<del> </del>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    Signature of officer	5 6						Be	ginning of Cu		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    Signature of officer	# £	20	Total ass	ets (Part X, line 16) .			[		93,627	16.656
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    Signature of officer	¥.	21		• •			🗀			(
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Print/Type or print name and title  Preparer's signature  Michael J Schierbeek  Firm's name  Firm's address  Phone no.	2 ž.	22			tract line 21 from line	20	🗀	······		16.656
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										
True, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Sign					ed this return, including acc	companying schedules	and stateme	ents, and to the	ne best of my	knowledge and belief, it is
Here    MICKAEL WEISEL SECRETARY CTREASURFR   Type or print name and title   Print/Type preparer's name   Preparer's signature   Michael J Schierbeek   Michael J Schierbeek   Michael J Schierbeek   Print/Type preparer's signature   Michael J Schierbeek   Michael J Schierbeek   Print's ElN ▶										1 1
Here    MICKAEL WEISEL SECRETARY CTREASURFR   Type or print name and title   Print/Type preparer's name   Preparer's signature   Michael J Schierbeek   Michael J Schierbeek   Michael J Schierbeek   Print/Type preparer's signature   Michael J Schierbeek   Michael J Schierbeek   Print's ElN ▶	_			1 when	Deisial		·····		3/	14/18
Here    MICKAEL WEISEL SECRETARY CTREASURFR   Type or print name and title   Print/Type preparer's name   Preparer's signature   Michael J Schierbeek   Michael J Schierbeek   Michael J Schierbeek   Print/Type preparer's signature   Michael J Schierbeek   Michael J Schierbeek   Print's ElN ▶	Sig	gn	Signa	ature of officer	<u> </u>	<del></del>		Dat	te	
Type or print name and title  Paid  Preparer's signature  Michael J Schierbeek  Michael J Schierbeek  Firm's name  Firm's name  Firm's address ▶  Preparer's signature  Michael J Schierbeek  Preparer's signature  Michael J Schierbeek  Print/Type preparer's name  Michael J Schierbeek  Firm's EIN ▶  Phone no.		-		SICKAEL GIEL	SEL SECRE	TARY + TA	PEASU	RFR	•	•
Paid Preparer's name Michael J Schierbeek  Michael J Schierbeek  Firm's name  Frim's address ▶  Preparer's signature Michael J Schierbeek  Preparer's signature Michael J Schierbeek  Print/Type preparer's name Michael J Schierbeek  P		-	1						· · · · · · · · · · · · · · · · · · ·	<del></del>
Preparer Use Only    Michael J Schierbeek   Michael J Schierbeek   3/14/18   Check   J   if self-employed   PO1606041	_		<del>``</del>		Preparer's signatur	re ,	Date	1 /	T	., PTIN
Use Only Firm's name ► Firm's EIN ► Firm's address ► Phone no.			1					/14/18		<b>if</b>
Firm's address ▶ Phone no.		-	,		1.1.2		/	···/	<u> </u>	/ PO 1000041
	U	se On	· y			<del> </del>				
	Ma	v the If			parer shown above?	see instructions)		L PTIO	iic iiU.	Yes No

Form **990** (2016)

Form 99	0 (2016)					Page 2				
Part		tement of Program Servic								
		ck if Schedule O contains a		any line in this F	Part III	<u> </u>				
1 ,	•	scribe the organization's mis			Name of the second seco					
		ization's mission is to promot sponsoring educational activit								
		Sponsoring educational activition are sponsoring education and sponsoring education are sponsoring education activities are sponsoring educational activities.		seminating accura	ite and timely information of	tile subject				
2		rganization undertake any si			ear which were not listed or	n the				
	•					· Yes 🗹 No				
•	If "Yes," o	describe these new services	on Schedule O.	:- !	have it annulusts and man					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	services?									
4	Describe expenses	the organization's program s. Section 501(c)(3) and 501(expenses, and revenue, if any	service accomplishme c)(4) organizations are	required to report						
4a	(Code:	) (Expenses \$	1,378,667 including g	rants of \$	558,070 ) (Revenue \$	)				
	in the stat	nization supported the education system is ational project, for the education to urge citizens to contact the	his was achieved throu on of the public through	gh grants to like n n broadcast media	ninded organizations, includi , dissemination of mailers an	ng the Aim Higher d direct contact with				
4b	(Code:	) (Expenses \$			0) (Revenue \$					
	The organ	nization conducted and admini	stered a program called	Lead NC Lead NO	C is a program to train, educa	te and develop				
		future leaders in the North Car	<del>-</del>							
					***************************************					
				*********						
4c	(Code:	) (Expenses \$	including g	rante of \$	) (Revenue \$	······································				
70	(Oode	(Expenses #	moldding g		/ (πονοπαο φ	/				
			TT-L							
					·····					
				**************************************						
			**************************************							
4d	Other pre	ogram services (Describe in S	Schedule () )	<del></del>						
74	(Expense		g grants of \$	) (Revenue	e\$ )					
4e		gram service expenses	1,457,561							



Part	V Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			١.
_	`complete Schedule A	1		/
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	<u> </u>
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? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
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		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
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, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<i>J</i>	
	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	Ť	<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	1	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
	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 .	111		1
	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		14a	L	<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		<b>√</b>
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		1
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		<b>✓</b>
			. 990	(2010)

.

Part	V Checklist of Required Schedules (continued)			
	•		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b		-
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	21	<b>/</b>	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	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 "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	37	<b>√</b>	
		Form	n <b>990</b>	(2016)

Part				
	Gheck if Schedule O contains a response or note to any line in this Part V	<u></u>		. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 33	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>J</u>	1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	]	1	
	reportable gaming (gambling) winnings to prize winners?	10	1	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<u> </u>	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	.1	1	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		┼
20		l- <u>-</u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>└</b>	<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		ـــــ
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	1	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ł		١.
	account)?	4a	L	<b>✓</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	I		ļ
	(FBAR).		1	İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<b></b> -	<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<del> </del>
-	organization solicit any contributions that were not tax deductible as charitable contributions?	ا ۾ ا	1	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	_	├
U	•		,	
_	gifts were not tax deductible?	6b	<b>V</b>	
7_	Organizations that may receive deductible contributions under section 170(c).	]		1
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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
Δ.			-	<del></del> -
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>
10	Section 501(c)(7) organizations. Enter:	}	. 1	
а	Initiation fees and capital contributions included on Part VIII, line 12	4	. 1	
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:		. 1	
а	Gross income from members or shareholders	]		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources	1 1		1
	against amounts due or received from them.)	1 1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		i
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b> </b>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	and the state of t			
_		, l		
C	Enter the amount of reserves on hand	1		<del></del> '
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	. 1	ı

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Secti	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		res	NO
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
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		1
3	Did the organization delegate control over management duties customanly 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 pnor 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		1
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,			
_	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<b>✓</b>	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	✓_	<b></b>
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	<del></del>	
		<del> </del>	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		/
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b	1	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	1	
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		<del>                                     </del>
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			
	with a taxable entity during the year?	16a		1
ь	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 organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
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)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.  ☐ 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 int financial statements available to the public during the tax year.		-	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
	Michael I Weisel 1101 Havnes Street Suite 205 Paleigh NC 27604-1455			

_			
Form	ഹ	mn1	۵۱

	-
Page	•

#### 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

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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office	ot ch unles r and	s pe	ition more	than the third than the third than the third than the third that the third than t	ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) J. A. Penry  Board Director and President	1	✓		<b>1</b>				o	o	0
(2) J Laurenz	1		Н	Ť						
Board Director		1			ŀ			l 0	o	0
(3) Michael L. Weisel	1									
Board Director and Secretary/Treasurer		1		<b>✓</b>				0	0	
(4)										
(5)										
(6)							-			
(7)										
(8)										
(9)										
(10)										
(11)										
(12)							Γ			
(13)										· · · · · · · · · · · · · · · · · · ·
(14)										

	(A) Name and title	(B) Average hours per week (list any	box, a	ot che unless r and	s pe la d	ition more rson irect	than o	an tee)	(D)  Reportable compensation from	(E) Reportable compensation frelated	om	Estir amo	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compe from organ and i	ensation in the nization related izations	
(15)											1			
(16)											$\dashv$	<del></del>		
(17)											+	·	<del></del>	
(18)							-				-	<del></del>	<del>- · · · <sub>-</sub> · · ·</del>	
(19)											+			
(20)											+		<del></del>	_
(21)										ļ <u>-</u>	_			
(22)											$\dagger$			
(23)											1			
(24)											+			
(25)								-						_
1b c	Sub-total	VII, Sectio		· ·	•	· ·	•	<b>▶ ▶</b>	0		0			0
2	Total number of individuals (including bur reportable compensation from the organic	not limited					above	e) w	<del></del>	ore than \$100		of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp		est compens	ated	3	Yes N	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ole c	con	ıper	nsatio					4		
5	Did any person listed on line 1a receive of for services rendered to the organization											5		
Section	on B. Independent Contractors												<u> </u>	
1	Complete this table for your five highest compensation from the organization. Repyear.												n's tax	
	(A) Name and business add	Iress							(B) Description of s	ervices	c	(C) ompensa	ation	_
														_
														<u> </u>
_2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue Check if Schedule O contains a	a response or note to	any line in this	Part VIII		П
	•	Gheck if Schedule O contains a	2 rooperioe or mote a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
at s	1a	Federated campaigns	1a				
ts, Grants Amounts	b	Membership dues	1b				
S, C	С	Fundraising events	1c	İ			
la It	d	Related organizations	1d				
18, Imi	e	Government grants (contributions)	1e	į	1		
er S	f	All other contributions, gifts, grants,			i		
후		and similar amounts not included above	<b>1f</b> 1,447,000				
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions included in lines 1a-					
	h	Total. Add lines 1a-1f		1,447,000			
Program Service Revenue			Business Code				
9/9	2a	Lead NC - Seminar Fees		2,720			
8	b			<del></del>			
Ž	C						
တ္တ	d			<del></del>			
튵		All other program service revenu		<del></del>			
ဋ	9	Total. Add lines 2a-2f		2,720		L	<u> </u>
	3	Investment income (including		2,720			
		and other similar amounts) .		اه	o	0	o
	4	Income from investment of tax-exer	npt bond proceeds ▶		0	0	0
	5	Royalties	•	o	0	0	0
	1	(i) Real					
	6a	Gross rents		[			
	ь	Less: rental expenses					
	C	Rental income or (loss)				<b>.</b>	
	d	Net rental income or (loss) .		0	0	0	0
	7a	Gross amount from sales of (i) Securit	ies (ii) Other	1		1	
		assets other than inventory					
	b	Less: cost or other basis and sales expenses .		}		}	
	c	Gain or (loss)		1			
	d	Net gain or (loss)		j	0	0	0
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1 See Part IV, line 18	c).				
₹	Ь	Less: direct expenses	. b	1		]	
O		Net income or (loss) from fundra		0		0	0
		Gross income from gaming active See Part IV, line 19	ities.				
	Ь	Less: direct expenses					
	C	Net income or (loss) from gamin		0	0	0	0
	10a	Gross sales of inventory, returns and allowances	less a				
	b	Less: cost of goods sold					
	C	Net income or (loss) from sales		0	0	0	0
	-	Miscellaneous Revenue	Business Code	<b>.</b>		<u></u>	
	11a			<del> </del>	<b></b>	<del> </del>	
	b			<del>                                     </del>	ļ	<del> </del>	<del> </del>
	C	All also assessed		<del> </del> -	<del></del>	<del> </del>	<del> </del>
	d	All other revenue	· L	<del> </del>		<del> </del>	<del> </del>
	12	<b>Total.</b> Add lines 11a-11d <b>Total revenue.</b> See instructions		1 440 730	<u> </u>	<del> </del>	} <u>-</u>
		Total levelide. See ilistractions	· · · · · · · · · · · · · · · · · · ·	1.449.720	0	0	Form <b>990</b> (2016)

Form 990 (2016)

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com	polete all columns. A	Il other organizations	s must complete co	lumn (A).
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	558,071	558071		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	o	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	
7	Other salaries and wages		0	0	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	o	o	ol	(
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	(
11	Fees for services (non-employees):				
а	Management	o	o	o	(
b	Legal	27,074	0	27,074	(
c	Accounting	18,148	0	18,148	(
d	Lobbying	0	0	0	
e	Professional fundraising services. See Part IV, line 17	0			(
f	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	97,003	97,003	0	
12	Advertising and promotion	761,231	761,231	0	
13	Office expenses	14,912	14,912	0	
14	Information technology	4,046	4,046		
15	Royalties	0	0	0	(
16	Occupancy	11,390	11,390	0	(
17	Travel	8,805	8,805	0	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	(
19	Conferences, conventions, and meetings .	1,796	1,796	0	
20	Interest	0	0	0	
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	6,124	0	6,124	(
23	Insurance	10,162	0	10,162	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			Ì	
а	Books, Subscriptions, Reference	4,500	0	4,500	
b	Postage, Mailing Services	307	307	4,500	
c	Rank Foos	398	0	398	
d	Dank ( ces	330	0	398	
e	All other expenses Miscellaneous	709	0	709	
25	Total functional expenses. Add lines 1 through 24e	1,524,676	1,457,561	67,115	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	1,324,070	1,437,301	07,113	
	from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in thi			
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	66,813	1	2,466
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, director	· · · · · · · · · · · · · · · · · · ·	1 1	
	1	trustees, key employees, and highest compensated employe			
	}	Complete Part II of Schedule L	} <del>-</del>	5	0
	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 a sponsoring organizations of section 501(c)(9) voluntary employees' beneficial	and iary		
ats.	1	organizations (see instructions). Complete Part II of Schedule L	<del></del>		0
Assets	7	Notes and loans receivable, net	0		0
4	8	Inventories for sale or use	0		0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or		1 1	
		——————————————————————————————————————	),624		
	Ь		5,752 19,997		13,872
	11	Investments—publicly traded securities			0
	12	Investments—other securities. See Part IV, line 11			0
	13	Investments—program-related. See Part IV, line 11		<del> </del>	0
	14 15	Intangible assets			0
	16				318
	17	Total assets. Add lines 1 through 15 (must equal line 34)			<u>16,656</u> 0
	18	Grants payable		<del>                                     </del>	0
	19	Deferred revenue		<del>                                     </del>	0
	20	Tax-exempt bond liabilities		<del></del>	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		<del>                                     </del>	0
တ	22	Loans and other payables to current and former officers, director		1	
Liabilities	_	trustees, key employees, highest compensated employees, a			
2		disqualified persons. Complete Part II of Schedule L		22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties		<del></del>	0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related tr parties, and other liabilities not included on lines 17-24). Complete Par	nird rt X	25	
	~		0 0 0 0 0	_	0
_	26	Total liabilities. Add lines 17 through 25		120	0
80	1	complete lines 27 through 29, and lines 33 and 34.	and	1	
ğ	27	Unrestricted net assets	91,612	27	16,656
æ	28	Temporarily restricted net assets		1 1	0
ᅙ	29	Permanently restricted net assets		29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ complete lines 30 through 34.	and		
<u>t</u> g	30	Capital stock or trust principal, or current funds		30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Šet	33	Total net assets or fund balances		33	16,656
	34	Total liabilities and net assets/fund balances	93,627	34	16,656
					Form <b>990</b> (2016)

·..'

· Giii 33	0 (2010)				ray	e 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,449	,720
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,524	,676
3	Revenue less expenses. Subtract line 2 from line 1					956)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			91	,612
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	<u> </u>			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			16	,656
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	• •		
				Ye	es	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_	1	- 1	ļ
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in {	- (		
	Schedule O.				_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	3		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or		- [	1
	reviewed on a separate basis, consolidated basis, or both:		]		- 1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		]	_		
b	Were the organization's financial statements audited by an independent accountant?		. 21	2	$\perp$	✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a }		- }	1
	separate basis, consolidated basis, or both:		]		- 1	i
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			- }	- 1	
	of the audit, review, or compilation of its financial statements and selection of an independent acco					
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in	1	1	
	Schedule O.		l	_		]
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		- 1	
	the Single Audit Act and OMB Circular A-133?		3	a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits.				
			F	orm <b>9</b>	<b>90</b> (2	2016)

### SCHEDULE D (Form 990)

**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.

OMB No. 1545-0047 2016

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service 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.

North Carolina Citizens for Protecting our Schools Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . . ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Cat. No. 52283D

Schedule D (Form 990) 2016

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

Schedule D	(Form	990	2016

Page 2

3	Using the organization's acquisition,	accession, and of							
	collection items (check all that apply):								
а	* Public exhibition				or exchanç				
b	Scholarly research		е	☐ Othe	r 				
C	Preservation for future generations								
4	Provide a description of the organizat XIII.	tion's collections	and expl	ain how t	hey further	the ore	ganization's exe	mpt purpo	se in Parl
5	During the year, did the organization assets to be sold to raise funds rather								es ∏ No
Par	IV Escrow and Custodial Arra	angements.		<del></del>			· . · · · · · · · · · · · · · · · · · ·		
	Complete if the organization 990, Part X, line 21.	answered "Yes	on Fo	m 990, i	Part IV, line	e 9, or	reported an a	mount on	Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	ollowing t	able:				
							,	Amount	
C	Beginning balance					10			
đ	Additions during the year					10			
е	Distributions during the year					16	<del></del>		
f	Ending balance								
2a	Did the organization include an amoun								
	If "Yes," explain the arrangement in P.	art XIII. Check her	e if the e	xplanatio	n has been	provid	ed on Part XIII.	<u></u>	
Par	t V Endowment Funds.		" F-	000	Dark IV III.	- 10			
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years bar	t (a) Four	years back
4-	Danisana afusas balana	(a) Current year	(0) [1	or year	(C) TWO year	IS DAUK	(u) Thee years bar	(e) rour	years back
1a	Beginning of year balance		<del> </del>		ļ <u>.</u>				<del></del>
b	Contributions			<del> </del>			<del>,</del>		
С	losses			<u>.</u>					
d	Grants or scholarships								_
е	Other expenditures for facilities and		1				•		
	programs						<b>.</b>		
f	Administrative expenses				ļ <u>.</u>				
g	End of year balance		<u> </u>		<u> </u>		L		
2	Provide the estimated percentage of t	-	nd balan	ce (line 1g	g, column (a	i)) held	as:		
а	Board designated or quasi-endowmen		%						
ь	Permanent endowment >	%							
C	Temporarily restricted endowment ▶	+							
_	The percentages on lines 2a, 2b, and							•	
3a	Are there endowment funds not in the	e possession of the	ne organ	zation th	at are neid	and ad	ministered for t	_	
	organization by:							<del></del>	Yes No
	(i) unrelated organizations							3a(i)	-
	(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 ena	owment	unos.				
rar	Land, Buildings, and Equip		" or Er	~ 000 ·	Dort IV II-	. 11.	Soc Ec 000	Dort V 1	ina 10
	Complete if the organization								
	Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation	(d) Bool	( value
1a	Land		(		0				0
þ	Buildings		(	<del>†                                      </del>	0		0	<del></del>	0
C	Leasehold improvements			<b> </b>	0		0	<del></del>	0
d	Equipment			<del></del>	30,624		16,752	<del></del>	13,872
е	Other	·		<del></del>	0	<del></del>	0		0
Total	. Add lines 1a through 1e. (Column (d) r.	nust equal Form 9	90, Part	X, columi	n (B), line 1(	Oc.) .	▶		13.872

Part VII	.Complete if the organization and		on Form 9	90 Part IV line	11b See Form	1990 Part X line 12
	(a) Description of security or catego			(b) Book value	(c) Met	hod of valuation:
(d) Financial	(including name of security)				Cost or end	of-year market value
(1) Financial	held equity interests		· ·			
(3) Other	neid equity interests		· ·			
(A)			·			· · · · · · · · · · · · · · · · · · ·
(B)						
(C)						
(D)					<del></del>	<del></del>
(E)						
(F)						<del></del>
(G)					·	· · · · · · · · · · · · · · · · · · ·
(H)						<del></del>
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12.) 🕨					
Part VIII	Investments Program Relate	ed.				
	Complete if the organization and	swered "Yes"	on Form 9	90, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		•	b) Book value		thod of valuation: -of-year market value
(1)						
(2)		· · · · · · · · · · · · · · · · · · ·				
(3)						
(4)						·····
(5)						<del></del>
(6)		· · · · · · · · · · · · · · · · · · ·				
<u>(7)</u>						· · · · · · · · · · · · · · · · · · ·
(8)						· · · · · · · · · · · · · · · · · · ·
(9)	(A) must a mal Form 000 Port V and (P) Fron 121 D				· · · · · · · · · · · · · · · · · · ·	
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.	<u> </u>		<u>.</u>		<del></del>
FaitiA	Complete if the organization and	ewered "Vee"	on Form 9	00 Part IV line	11d Soc Form	000 Part V line 15
		(a) Description	OH FUIII 3	50, Fait IV, iiile	riu. See Foili	(b) Book value
41 AUN E	eld office utility deposit					31
(2)	era onice army deposit				· · · · · · · · · · · · · · · · · · ·	
(3)						
(4)						
(5)			·	<del></del>		
(6)	· · · · · · · · · · · · · · · · · · ·		···············	· · · · · · · · · · · · · · · · · · ·		
(7)					· · · · · · · · · · · · · · · · · · ·	
(8)						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X,	col. (B) line 15.)	· · · ·		•	31
Part X	Other Liabilities. Complete if the organization and	swered "Yes"	on Form 9	90, Part IV, line	11e or 11f. Sec	
	line 25.			<u> </u>		· · · · · · · · · · · · · · · · · · ·
1	(a) Description of liability	(b) Boo	k value			
(1) Federal is	ncome taxes					
(2)						
(3)						
(4)				_		
(5)				4		
(6)		<u> </u>		4		
<u>(7)</u>		<del>.  </del>		4		
(8)		<del></del>		4		
(9)	A)	ļ		4		
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶			1		-A- A- A
Z. LIADINTY TO	r uncertain tax positions. In Part XIII, pro 's liability for uncertain tax positions und	VIUE THE TEXT OF T	ie toothote to	o the organization	s financial stateme	ents that reports the
oryanization	a naminy for uncertain tax positions und	EI I II 40 (A3C /	TOJ. OHECK NE	ae ii die fext oi m	e ioodiole has dee	i biondea ili ball Yili 📙

, **. .** 

	Reconciliation of Revenue per Audited Financial Statements with Revenue per	
	.Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	<del></del>
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	]
а	Net unrealized gains (losses) on investments	}
b	Donated services and use of facilities	
C	Recoveries of pnor year grants	{
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
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		er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
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	1
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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	<u> </u>
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ir	formation.

Schedule D (For	m 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
		**
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		**
***************************************		
	\\	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Partl

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

► Attach to Form 990.

Information about Schedule I (Form 990) and Its Instructions is at www.irs.gov/form990.

OMB NO 1343-0047	2016	Open to Public
1		O

Inspection

Employer identification number

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

**%**□ Fund education issues Fund education issues Fund education issues Fund education issues Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **√** Yes 45-2294710 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance N A ¥ ٤ ۲ (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Ϋ́ Ϋ́ ž Š Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 270,000 65,000 22,000 210,000 (d) Amount of cash grant (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)4 501(c)4 501(c)4 501(c)4 81-3459495 26-4568349 45-2862217 27-3337837 North Carolina Citizens for Protecting our Schools (b) EIN 1155 Connecticut Ave NW, Ste 600, Washington, DC (4) Progress North Carolina Action 1 (a) Name and address of organization PO Box 41306, Raleigh, NC 27629 Real Facts NC PO Box 1323, Raleigh, NC 27602 PO Box 806, Raleigh, NC 27602 or government (2) America Votes (3) Lead NC Part II

<u>o</u>

9

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

::4

Enter total number of other organizations listed in the line 1 table

5

12)

9

ூ

Ε

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

Cat. No. 50055P

Schedule I (Form 990) (2016)

### 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

Department of the Treasury Internal Revenue Service ► 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

Name of the organization	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	n 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	e organization's officers for their
comments and suggested changes. After completion of that review, the revised form	ıs sent to the Board for review
Questions ,comments and changes, if any, are incorporated after discussion with the	Board and the preparer to finalize
and file the return	
Part VI - Line 19 - Describe how the organization makes its governing documents, conflict of inte	rest policy, and financial statements
available to the public. The organizations governing documents are available online	through the State of North Carolina's
online access to corporate records. In addition, the organization's governing docume	nts, conflict of interest policy and
financial statements are available upon request by submitting a written request to the	e organization's address

Name of the organization	Employer identification number
<b>)</b>	
North Carolina Citizens for Protecting our Schools	45-2294710
•	
***************************************	
	*
	***************************************
~	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Schedule O (Form 990 or 990-EZ) (2016)