2949323006315

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Open to Public ▶ 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. Inspection

A	For the 2	2016 cale	ndar year, or tax year beginning September 1 , 2016, and ending	Aua	ust 31	, 20 17
В	Check if a	pplicable [.]	C Name of organization_Make_North Carolina First		D Employ	er identification number
	Address c	hange	Doing business as			46-3981642
	Name cha	nge	Number and street (or P O. box if mail is not delivered to street address) Room/suite	•	E Telepho	ne number
	Initial retur	m	PO Box 648			919-679-1776
	Final return	/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended	return	Raleigh, NC 27602-0648		G Gross n	eceipts \$4,105,266
	Application	1	F Name and address of principal officer: Michael L. Weisel	H(a) Is this a g	roup return for	subordinates? Yes V No
			PO Box 648, Raleigh, NC 27602 D	H(b) Are all	subordinate	s included? Yes No
-	Tax-exem	pt status	☐ 501(c)(3)	It "N	lo," attach a	a list (see instructions)
J	Website:	>		H(c) Group	exemption	number >
K	Form of or	ganization.	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	n: 2013	M State	of legal domicile NC
P	art I	Summ				
	1 6	Briefly de	scribe the organization's mission or most significant activities: Make No	rth Carolir	a First co	onducts research,
8	}	sponsors	educational activities and events, and disseminates accurate and timely info	rmation to	promote	the general public's
Man		of ways to	maintain and improve North Carolina's common good, quality of life and so	cial welfar	e	
₩	2	Check th	is box $ ightharpoonupigcupigl[$ if the organization discontinued its operations or disposed of	more than	1 25% of	its net assets.
Governance	3 1	Number (of voting members of the governing body (Part VI, line 1a)		3	2
9	4 1	Number (of independent voting members of the governing body (Part VI, line 1b)		4	2
Hes	5	Total nun	nber of individuals employed in calendar year 2016 (Part V, line 2a) .		_5	0
Activities &	6	Total nun	nber of volunteers (estimate if necessary)		6	0
Ą	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrel	ated business taxable income from Form 990-T, line 840 FIVED	<u> </u>	7b	0
				Prior Y	ear	Current Year
•	8 (Contribut	tions and grants (Part VIII, line 1h)		3,21 <u>1,</u> 339	4,105,266
Ĕ	9 1	Program		기	0	0
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	2	0	0
•	11 (Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 and 1te)	=	0	0
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u></u>	3,211,339	4,105,266
	1		nd similar amounts paid (Part IX, column (A), lines 1-3)		2,599,384	4,317,412
			paid to or for members (Part IX, column (A), line 4)		0	0
8	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	0
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	 _	0	0
Š.	b		draising expenses (Part IX, column (D), line 25) ▶0			
ш	11/		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		281,695	366,405
	1	-	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,881 <u>,</u> 079	4,683,817
		Revenue	less expenses. Subtract line 18 from line 12		330,260	
ts or		_	<u> </u>	ginning of C	irrent Year	End of Year
198	20		ets (Part X, line 16)		763,722	185,171
Net Asset	21		ilities (Part X, line 26)		0	0
_			ts or fund balances. Subtract line 21 from line 20		763,722	185,171
_	art II		ture Block			
			ry, I declare that I have examined this return, including accompanying schedules and statem ete. Declaration of preparer (other than office) is based on all information of which preparer I			my knowledge and belief, it is
	10, COF 1001.	1 Z	the designation of which prepared to the trial office of is based on an information of which prepared to	T T		
e:			Julas L. West		-1-	
Sig			ature of officer	Uā	nte	la
HE	ere		WHATEL L. WEISEL, TREASURER		1/1	3/16
		 -	or print name and title Preparer's skinature Date			PΠN
Pá	bie	}	pe preparer's name Preparer's signature Date	/12/10	Check	南山
Pr	eparer		1 J Schierbeek Michael Scheibech 7	112/18	self-em	P01606041
	se Only	Firm's n		Firm	n's EIN ▶	
			ddress >	Pho	one no	919-656-0660
_	<u> </u>		s this return with the preparer shown above? (see instructions)	· · · ·	<u> </u>	Yes No
Fo	r Paperwo	ork Redu	ction Act Notice, see the separate instructions. Cat. No	11282Y		Form 990 (2016)

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Ullii 30	10 (2-1-1)
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Make North Carolina First conducts research, sponsors educational activities and events, and disseminates accurate and timely information to promote the general public's understanding of ways to maintain and improve North Carolina's common good, quality
	Of the and Social Wellate.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,329,389 including grants of \$ 4,317,412) (Revenue \$)
	During this fiscal year, Make North Carolina First sponsored educational activities and disseminated information concerning social issues and topics important to North Carolinians including North Carolina's education system, environmental issues, voter registration and voter representation.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses

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Part IV Checklist of Required Schedules

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		1
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	2	1	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) effection in effect during the tax year? If "Yes," complete Schedule C, Part II	4	•	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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	:	1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted eridowments, 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	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		✓
	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		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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
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		>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		\
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		\
		Earn	990	(OME

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		ļ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	<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			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1	}	
	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	1		
	\$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	24b		1
U	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	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	ļ	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,	20		
~-	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):			
а	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) 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		1
30	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,			
20	Part I	31		1
32	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		- <u>`</u> -
	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		✓
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. N/A	05.		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	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,	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Part V	Statements	Regarding	Other IRS	6 Filings	and Tax	Compliance

- ar ı				_
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3	-	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Ernter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<u> </u>	
	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? N/A	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O N/A	3b	\neg	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . N/A	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	✓	
7 a	Organizations that may receive deductible contributions under section 170(c). N/A Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		- 1	
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	- 1	
đ	If "Yes," indicate the number of Forms 8282 filed during the year		\dashv	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\neg	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? . N/A	8		
9	Sponsoring organizations maintaining donor advised funds. N/A			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A		ı	,
a	Initiation fees and capital contributions included on Part VIII, line 12	- 1	l	!
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1]	;
11	Section 501(c)(12) organizations. Enter: N/A Gross income from members or shareholders		ļ	į
a b	Gross income from members or shareholders		- 1	;
	against amounts due or received from them.)	1	- 1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? N/A	122		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . N/A 12b		\dashv	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers. N/A		- 1	
а	• • • • • • • • • • • • • • • • • • • •	13a	\dashv	
	Note. See the instructions for additional information the organization must report on Schedule O.		\dashv	
b	Enter the amount of reserves the organization is required to maintain by the states in which		- 1	ş
	the organization is licensed to issue qualified health plans		1	1
C	Enter the amount of reserves on hand			İ
14a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14a	\bot	<u>√</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	14b		·
		Form	990 ((2016)

Form 990 (2016) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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. . . 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. Ernter 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 arry other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 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. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? NA 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? NA 15a 15b 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? . N/A 16a 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 safequard the 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 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)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

☐ Other (explain in Schedule O)

Upon request

State the name, address, and telephone number of the person who possesses the organization's books and records:

available for public inspection. Indicate how you made these available. Check all that apply.

☐ Another's website

financial statements available to the public during the tax year.

Michael L. Weisel, 1101 Haynes Street, Ste 205, Raleigh, NC 27604

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Form	ggn	(2016)	

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

Check if Schedule O contains a response or note to any line in this Part VII		

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

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

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

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

☑ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any curren	nt officer, directo	r, or trustee.
(A) Name and Title ,	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individual or direct	unles er and	Pos eck	rson	than to both Highest compensated employee	an	(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) Adam Abram Chairperson	2	1						0	0	0
(2) Dean Debnam	2									
Board Me mber		✓						0	0	o
(3) Michael L. Weisel	2									
General Counsel, Secretary, Treasurer				✓				0	0	0
(4)										
(5)										
(6)										· · · · · · · · · · · · · · · · · · ·
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individua	ınles	Pos eck s pe	more rson	than the both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatior (W-2/1099-Mil	from is	Estr ame comp fro orga and	(F) imated bunt of ther ensatio m the nizatior related	n I
(15)							<u>.</u>				+			
(16)											\dashv			 -
(17)											-			_
(18)											$- \downarrow$			
(19)											\dashv			
(20)														
(21)														
(22)												_		
(23)						-					\dashv			
(24)								-			\dashv			
(25)					_	-								
	Code Antal										\perp			
1b c	Total (add lines 1b and 1c)	-		•	-		. !		0		0			
<u>d</u>	Total number of individuals (including but	not limited					bove) wl	0 ho received mo	ore than \$10	<u>0)</u> 0, 00 0) of		
	reportable compensation from the organic								0				Yes	No
3	Did the organization list any former off employee on line 1a? If "Yes," complete S								loyee, or high			3		1
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	oortat	ole c	com	pen	satio	n aı	nd other comp	ensation fro	m the	,		
	individual	·										4		1
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 of compensation from the organization. Rep year.													ıχ
	(A) Name and business add	ess							(B) Description of se	ervices		(C) Compens	ation	
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed abo	ve) who				

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to	any line in this	Part VIII		🛮
!			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
\$ \$	1a	Federated campaigns 1a 0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 0				
B, G	C	Fundraising events 1c 0				
a it	d	Related organizations 1d 0	1			
S, E	e	Government grants (contributions) 1e 0				
ron	f	All other contributions, gifts, grants,	,			
t a		and similar amounts not included above 1f 4,105,266				
d d	g	Noncash contributions included in lines 1a-1f: \$ 24,583				
ပို့ ခြ	h	Total. Add lines 1a-1f	4,105,266			
9		Business Code				
Program Service Revenue	2a					
A.	b					
중	C					
Š	d					
E	e					
ğ	f	All other program service revenue .		<u></u>		L
	<u> </u>	Total. Add lines 2a–2f ▶	0			
	3	Investment income (including dividends, interest,				
		and other similar amounts)	0	0	0	0
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0
	5	Royalties	0	0	0	0
	6a	Gross rents				
	b	Less rental expenses	1			ł
	C	Rental income or (loss)	1			!
*	d	Net rental income or (loss)			0	'
	7a	Gross amount from sales of (i) Securities (ii) Other	0	0		0
	, .	assets other than inventory				,
	ь	Less: cost or other basis	j			,
		and sales expenses .				1
	£	Gain or (loss)				ļ
	d	Net gain or (loss) ▶	0	0	0	0
enne	8a	Gross income from fundraising	· .			
Ve		events (not including \$,
8		of contributions reported on line 1c).				<u>'</u>
Other Rev		See Part IV, line 18 a				
ਰ	b	Less: direct expenses b				
_		Net income or (loss) from fundraising events . ▶	0		0	0
İ	9a	Gross income from gaming activities.	Ī			,
		See Part IV, line 19 a	ł			,
		Less: direct expenses b				
		Net income or (loss) from garning activities ▶	0	0	0	0
	10a	Gross sales of inventory, less	Į			į
	_	returns and allowances a	İ			L
		Less: cost of goods sold b				
	<u>C</u>	Net income or (loss) from sales of inventory	. 0	0	0	0
	14-	IVIISCEIAI REGES PREVENUE BUSINESS CODE				and the second of the
	11a					
	Ь					
	C	All other revenue				
	d e	Total. Add lines 11a-11d	0			
l	12	Total revenue. See instructions.	4,105,266		0	^
	<u> </u>	1000 TOTOLING, COO HIGH GOLDING,	4,103,266	<u> 0</u>	0	Form 990 (2016)

Part IX Statement of Functional Expenses

		(8)	(13)	(0)	
o, 9b, and 10b of Part		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	stance to domestic organizations nents. See Part IV, line 21	4,317,412	4,317,412		
	r assistance to domestic rt IV, line 22	0	0		
Grants and other	er assistance to foreign gn governments, and foreign t IV, lines 15 and 16	0	0		
	<u> </u>	0	0		
- ·	current officers, directors,	0	0	0	·
6 Compensation not in persons (as defined	ncluded above, to disqualified under section 4958(1)(1)) and		U		
•	n section 4958(c)(3)(B)	0	0	0	
	l wages als and contributions (include lo3(b) employer contributions)	0	0	. 0	-,.
• •	enefits	0	0	0	
	enems	0	0	0	
1 Fees for services	<u>-</u>			U	
		268,059	o	268,059	
_		64,501	0	64,501	
-	[20,359	0	20,359	
		0	0	0	
	ing services. See Part IV, line 17	0			
g Other. (If line 11g amou	gement fees	0	0	0	
• • • • • • •	romotion	11,977	0 11,977	0	
2 Advertising and page 3 Office expenses	· · · · · · · · · · · ·	164	11,971	164	
-	ology	0	0	0	
		0	o	0	
•	[o	0	0	
		0	0	0	
8 Payments of trave	or entertainment expenses tte, or local public officials	0	0	0	
•	ventions, and meetings .	0	0	0	
	<u>.</u>	0	0	0	
-	ites	0	0	0	
-	letion, and amortization .	0	0	0 _	
3 insurance	<u> </u>	0	0	0	
above (List miscella	emize expenses not covered neous expenses in line 24e. If ceeds 10% of line 25, column				
(A) amount, list line	24e expenses on Schedule O.)				····
		1,345	0	1,345	T
		0	0	0	·····
d		0	0)	0	
	· · · · · · · · · · · · · · · · · · ·	0	0	0	
5 Total functional exp	enses. Add lines 1 through 24e	4,683,817	4,329,389	354,428	· · · · · · · · · · · · · · · · · · ·
G Joint costs. Com organization report from a combined fundraising solicitat	plete this line only if the ed in column (B) point costs educational campaign and ion Check here ▶ ☐ if				
following ŠOP 98-2	(ASC 958-720)	<u> </u>	0	0	Form 990

Part X Balance Sheet

			(A)		(B)
			Beginning of year		End of year
	1	Cash non-interest-bearing	763,722	1_	185,171
	2	Savings and temporary cash investments	0		(
	3	Pledges and grants receivable, net	0		
	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			
	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			
8e t	7	Notes and loans receivable, net	0		C
Assets	8	Inventories for sale or use	0		
-	9	Prepaid expenses and deferred charges	0		
	10a	Land, buildings, and equipment: cost or	<u>_</u>		
		other basis. Complete Part VI of Schedule D 10a 0	-		
	ь	Less: accumulated depreciation 10b 0	0	10c	(
	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	0		
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	763,722	16	185,171
	17	Accounts payable and accrued expenses	0		
	18	Grants payable	0		C
	19	Deferred revenue	0		
	20	Tax-exempt bond liabilities	0		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	0
Liabilities	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	-1	,	
薑	000	· · · · · · · · · · · · · · · · · · ·	0		
	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	0	24	C
	1	of Schedule D	0	25	o
	26	Total liabilities. Add lines 17 through 25	0	26	
Sec		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	763,722	27	185,171
Bal	28	Temporarily restricted net assets	0	28	0
ᅙ	29	Permanently restricted net assets	0	29	C
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		-	
ş	30	Capital stock or trust principal, or current funds	0	30	C
380	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
ğ	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	O
9	33	Total net assets or fund balances	763,722	33	185,171
_	34	Total liabilities and net assets/fund balances	763,722	34	185,171 Form 990 (2016

_	4	^
-200	-	_

51111 50					
Part					
	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		4,10	5,266
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,68	3,817
3	Revenue less expenses. Subtract line 2 from line 1	3		(57	8,5 <u>51)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		76	3,722
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	İ			
	33, column (B))	10		18	35,17 <u>1</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other				}
	If the organization changed its method of accounting from a prior year or checked "Other," exp	alain in	1		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		/
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			,
	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?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	dona			1
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	1		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant? N /	A 2c		
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in			
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set to	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓_
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits. N/	A 3b		
			For	n 990	(2016)

SCHED ULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

0MB No. 1545-0047 2∩16

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.		•	
Name	of organization			Employer ider	itification number
Make I	North Carolina First				46-3981642
Part		e organization is exempt u			
1	Provide a description or definition of "political car	f the organization's direct and new management of the community of the com	I indirect political ca	mpaign activities in Part	IV. (see instructions for
2	Political campaign activit	ly expenditures (see instruction	s)	\$	2,085,000
3	Volunteer hours for politi	cal campaign activities (see ins	tructions)		0
Part	I-B Complete if the	e organization is exempt u	nder section 501(c)(3).	
1	Einter the amount of any	excise tax incurred by the orga	nızation under sectio	n 4955 ▶ \$	0
2	Ernter the amount of any	excise tax incurred by organiza	tion managers under	section 4955 ▶ \$	0
3	If the organization incurre	ed a section 4955 tax, did it file	Form 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt u			(c)(3).
1		ly expended by the filing orga			
				_	0
2		filing organization's funds con	•		
	•	vities		· · · · · · · · · · · · · · · · · · ·	2,085,000
3		expenditures. Add lines 1 and		on Form 1120-POL,	
				> \$	2,085,000
4	• •	n file Form 1120-POL for this ye			Yes No
5	organization made paymethe amount of political co	ses and employer identification ents. For each organization liste ontributions received that were fund or a political action comm	ed, enter the amount promptly and directly	paid from the filing organi delivered to a separate p	zation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's tunds. If none, enter -0	(e) Amount of political contributions received and promptty and directly delivered to a separate political organization. If none, enter -0
(1)		PO Box 255			
	orth Carolina Families First	Raleigh, NC 27602	45-3626206	1,295,000	0
(2)		PO Box 745			
	Better NC	Raleigh, NC 27602	81-2878634	790,000	0
(3)					
(4)					
(5)					
(6)					

D	•
Page	7

	t II-A Complete if the organization section 501(h)).	-			•	
	heck ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).					
B _	Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.					
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					(b) Affiliated group totals
1:	a Total lobbying expenditures to influence	ring)				
	b Total lobbying expenditures to influence					
	c Total lobbying expenditures (add lines 1a	and 1b) .				
,	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add	lines 1c and 1	d)			
	 Lobbying nontaxable amount. Enter t columns. 	he amount fi	rom the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		-
	Not over \$500,000	20% of the an	nount on line 1e.		İ	ļ
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		- i
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.	}	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.	_	Ì
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25	% of line 1f)				
	h Subtract line 1g from line 1a. If zero or les	ss, enter -0-				
	i Subtract line 1f from line 1c. If zero or less, enter -0					
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720						
re-porting section 4911 tax for this year?				Yes No		
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)					
	Lobbying	Expenditures	During 4-Year A	veraging Period	1	
	Calendar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
	beginning in)					
2	a Lobbying nontaxable amount					
					. ,	
	a Lobbying nontaxable amount b Lobbying ceiling amount					
	b Lobbying ceiling amount (1 50% of line 2a, column (e))					
	a Lobbying nontaxable amount b Lobbying ceiling amount (1 50% of line 2a, column (e)) c Total lobbying expenditures					
	b Lobbying nontaxable amount (1 50% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount					

Part	II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	hiled	Form	n 576 l	8 	
		(es," response on lines 1a through 1i below, provide in Part IV a detailed		a)	}	(b)	
desci	rption e	of the lobbying activity.	Yes	No	1	Amoun	ıt
1	legisla	the year, did the filing organization attempt to influence foreign, national, state or local tion, including any attempt to influence public opinion on a legislative matter or adum, through the use of:					
а	Volunt	eers?			1		
b	Paid s	aff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
C		advertisements?				~	
đ	Mailing	gs to members, legislators, or the public?					
e	Public	ations, or published or broadcast statements?					
f	Grants	to other organizations for lobbying purposes?					
g	Direct	contact with legislators, their staffs, government officials, or a legislative body?	L		<u> </u>		
h	Rallies	, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u></u>				
i	_	activities?	<u> </u>	ļ	<u> </u>		
j		Add lines 1c through 1i					
2 a		e activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ	 	ļ		
Ь		," enter the amount of any tax incurred under section 4912	1		<u> </u>		
c		," enter the amount of any tax incurred by organization managers under section 4912 .		ļ	ļ		
d		iling organization incurred a section 4912 tax, did it file Form 4720 for this year?	1	L	<u> </u>		
Part	III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), (or se	ction		
						Yes	No
1		substantially all (90% or more) dues received nondeductible by members?	٠.		1	↓	
2		e organization make only in-house lobbying expenditures of \$2,000 or less?			2	\perp	<u> </u>
3		organization agree to carry over lobbying and political campaign activity expenditures from the					<u> </u>
Part	III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."					3, is
1	Dues,	assessments and similar amounts from members		1			
2		n 162(e) nondeductible lobbying and political expenditures (do not include amounts al expenses for which the section 527(f) tax was paid).	of				
а	Currer	t year		2a			
b	Carryo	ver from last year		2b			
C	Total		- !	2c			
3	Aggre	gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		3			
4		ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
		does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying.				
_	•	litical expenditure next year?	•	4	<u> </u>		
5		e amount of lobbying and political expenditures (see instructions)		5	<u></u>		
	IV	Supplemental Information				•	
		escriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro ions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pa	π II-А,	lines	and
Make	North Ca	rolina First sponsored educational activities and information dissemination to the citizens of Nor	th Car	olina.	. The o	rganızı	ation
also c	ontribute	d to organizations that promoted these issues.					
			. 				

Part IV	m 990 or 990-EZ) 2016 Supplemental Information (continued)	Page 4
····		

SCHEDULE (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection 2016 Employer identification number 46-3981642 Does the organization maintain records to substantlate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Pg 1/2 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. General Information on Grants and Assistance

% □

√ Yes

.

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance?

Make North Carolina First

Partl

Department of the Treasury Internal Revenue Service Name of the organization

Education of Public on Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Education of Public on Education of Public on Education of Public on Education of Public on Education of Public on Education of Public on Education of Public on Education of Public on (h) Purpose of grant or assistance Education of Public on Education of Public on Education of public on various social issues various social issues various social issues various social issues various social issues various social issues various social issues various social issues various social issues various social issues various social issues various social issues 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 ₹ Ž Ϋ́ Ϋ́ ٧Ž ¥ ٧ Ž ۲ ş ٧ ۲ Ž (f) Method of valuation (book, FMV, appraisal, other) ۷ ک Ϋ́ ٨ ۲ N/A Š ₹ Z ٧ N A N/A ΑN Š 0 0 0 ō 0 0 0 (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 75,000 (d) Amount of cash grant 452,000 202,000 1,295,000 790,000 500,000 350,000 285,000 180,000 130,000 55,000 Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) 501(c)4 501(c)4 501(c)4 501(c)3 501(c)4 501(c)3 501(c)3 501(c)4 501(c)4 PAC 527 527 46-3994159 45-2294710 47-5067246 81-2878634 20-4496889 81-5398024 81-3459495 26-4568349 45-2862040 45-3626206 45-2862217 27-3337837 (p) EIN SchoolsPOBox1093, Raleigh, NC27602 (10) America Votes 1155Connecticut (1) North Carolina Families First (6) Progress North Carolina Action FranklinSt Ste100, Oakland, CA94612 Ave NW, Ste 600, Washington DC 2003 (12) Ignite NC Action Fund - 804 Old 1 (a) Name and address of organization (3) Think North Carolina First Fayetteville St., Durham, NC 27701 (4) NC Citizens for Protecting our PO Box 41306, Raleigh, NC 27629 (7) Color of Change PAC - 1714 PO Box 40487, Raleigh, NC 27629 PO Box 1584, Raleigh, NC 27602 PO Box 1323, Raleigh, NC 27602 PO Box 255, Raleigh, NC 27602 PO Box 745, Raleigh, NC 27602 PO Box 806, Raleigh, NC 27602 PO Box 628, Raleigh, NC 27602 (6) Real Facts NC [11] Progress North Carolina or government (8) Lead NC Institute (2) A Better NC Lead NC Part II 6

Schedule I (Form 990) (2016)

Cat, No. 50055P

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

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No. 1545-0047 2016 Employer identification number ¥es ∑ 46-3981642 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Pg 2/2 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Make North Carolina First Department of the Treasury Internal Revenue Service Name of the organization nal Revenue Service Partl

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

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Education of Public on Education of Public on (h) Purpose of grant or assistance various social issues various social issues 0 990, 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 ٤ ¥ (f) Method of valuation (book, FMV, appraisal, other) N/A Š 0 (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9,404 5,200 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) 501(c)4 501(c)4 81-2248241 47-4791734 (b) EIN 4907 Garrett Road, Durham, NC 27707 32 Orange Street, Asheville, NC 28801 (1) North Carolina Latino Power 1 (a) Name and address of organization or government Just Us United ଷ 6 ව € 9 <u>e</u> E €, 2

Schedule I (Form 990) (2016)

Cat. No. 50055P

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

Schedule I (Form 890) (2016)

Schedule ! (Form 990) (2016) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Make North Carolina First monitors activities of grants to other organizations by receiving and reviewing written progress reports, receiving and reviewing financial (e) Method of valuation (book, FMV, appralsal, other) reports, meeting with the organization, discussing their program activities and verifying that intended activities were completed. (d) Amount of noncash assistance (o) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of reciplents (a) Type of grant or assistance Part IV Part III Ø ന 4

SCHEDULE 0 (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
Make North Carolina First	46-3981642
Part VI - Line 11 - Describe the process used by the organization to review the form 990. The form 990	s 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 ser	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 organization's 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,	conflict of interest policy, and
online access to corporate records. In addition, the organization's governing documents, or	onflict of interest policy, and
financial statements are available upon request by submitting a written request to the orga	nızatıon's address.

Schedule 0: (Form: 990 or 990-EZ) (2016)		Page 2
	Employer identification number	•
Make North Carolina First	46-3981642	

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