Form	99(
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## **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)

► Go to www.irs.gov/Form990 for instructions and the latest information.	18
Do not enter social security numbers on this form as it may be made public.	1 <i>[[</i>

Open to Public

Inter	nal Reven	ue Service	► Go to www.irs.gov/Form990 for instructions and the latest information	on. 00	Inspection			
A	For the	2017 cale	ndar year, or tax year beginning May 1, 2017, and ending	Apr 30	, <b>20</b> 18			
В	Check if	applicable.	D Emplo	D Employer identification number				
	Address		C Name of organization North Carolina Citizens for Protecting our Schools  Doing business as		45-2294710			
	Name ch	nange	E Telepho	E Telephone number				
	Initial ret	_	l l	919-679-1776				
		m/terminated	PO Box 1093  City or town, state or province, country, and ZIP or foreign postal code					
$\bar{\Box}$	Amende		Raleigh, NC 27602	G Gross	eceipts \$ 2,882,666			
$\overline{\Box}$				s a group return to	r subordinates? Yes V No			
_	. фрса		_ 1 1 1		es included? Yes No			
$\overline{}$	Tax-exer	mpt status			a list (see instructions)			
<u>:</u>	Website			oup exemption	number 🕨			
K				<del></del>	of legal domicile NC			
P	art I	Summ		777 7 1 5	or regular continues 1460			
	1		scribe the organization's mission or most significant activities: The organization	's mission	is to promote the			
•	'	•	***************************************					
Governance	1		good and social welfare of North Carolina residents by conducting research, sponso					
Ë			and disseminating accurate and timely information on the subject of North Carolina's is box $\triangleright \square$ if the organization discontinued its operations or disposed of more the					
8	1		- · · · · · · · · · · · · · · · · · · ·	. 3	IS HEL ASSELS.			
G			of voting members of the governing body (Part VI, line 1a)	- H				
Activities &	ł		, , , , , , , , , , , , , ,		1			
Ę	5		nber of individuals employed in calendar year 2017 (Part V, line 2a)	. 5	0			
ŧ	6		nber of volunteers (estimate if necessary)	6	0			
⋖	1		elated business revenue from Part VIII, column (C), line 12	. 7a	0			
_	Ь	Net unrel	ated business taxable income from Form 990-T, line 34	. 7b r Year	0			
	1 _			Current Year				
9		Contribut	1,447,000	2,882,666				
Ē		Program	2,720	0				
Revenue			nt income (Part VIII, column 🛍 lines A.P.4, 2 nd 7d) 10	(	0			
_			enue (Part VIII, column (A), Ines 5, 6d, 8c, 9c, 10c, and 11e)		0			
	12		nue-add lines 8 through 1 (must equal Part VIII, column (A), line 12)	1,449,720	2,882,666			
	13		nd similar amounts paid (Part <del>IX, columb (A) lines 173)</del>	558,071	1,453,636			
	14	•	paid to or for members (Part IX, column (A), line 4)		0			
S	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	(	290,227			
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)		0			
ğ	b	Total fund	draising expenses (Part IX, column (D), line 25) ▶					
ш	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	966,605	591,124			
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,524,676	2,334,987			
	19	Revenue	less expenses. Subtract line 18 from line 12	(74,956)	547,679			
683			Beginning o	f Current Year	End of Year			
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)	16,656	574,605			
d As	21	Total liab	ilities (Part X, tine 26)		10,270			
¥2	22	Net asset	s or fund balances. Subtract line 21 from line 20	16,656	564,335			
Pa	art (	Signat	ure Block					
			y, I declare that I have examined this return, inoloding accompanying schedules and statements, and		my knowledge and belief, it is			
tru	e, correct	t, and comple	ete. Declaration of preparer (other than officer) is based on all information of which preparer has any kn	owledge				
			Julan J. Weise	15	MARCH 2619			
Sig	jn	Signa	iture of officer	Date				
He	re		MICHAEL L. WEISEL, TREASURER					
		Туре	or print name and title					
Pa		Print/Typ	pe preparer's name Preparer's signature Date /	Check	[Z] if PTIN			
		Michael	J Schierbeek Werker Schuber 3/15/19	9 self-em				
	epare	•		Firm's EIN ▶				
US	e Onl	y		Phone no.				
Ma	v the IF		s this return with the preparer shown above? (see instructions)	rione no.	Yes No			
	Dama:::	d. D. d.	A STAR A	<u> </u>				



				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
				,		
kc	(Code: ) (Ex	penses \$	172,039 including	grants of \$	0) (Revenue \$	)
	Fair Courts program sur	port through br	oadcast media, phone	polling and direct mail p	lacements	
	•••••					
						·····
		<b></b>				
ld	Other program services	c (Describe in S	chedule ()			
u		including		) (Revenue \$	1	
	(Expenses w	expenses >	2,050,845	···	··· <u>-</u>	
e	Lotal program service i					
le	Total program service	expendes F	2,030,043			Form <b>990</b> (2017



art	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	Ť
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	1	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		•	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>√</b>
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		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	<b>-</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>~</b>
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<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	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>√</b>
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		<b>√</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>\</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		
		Form	1990	(2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	_	
£ I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>~</b>
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		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . N/A Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . N/A <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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		<b>√</b>
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		<b>√</b>
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		✓
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 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		<u>√</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>✓</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>✓</b>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			_
38	Part VI	37	<b>√</b>	<b>✓</b>
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Part	· · · · · · · · · · · · · · · · · · ·			_
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   6	,	163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		, t <sub>al</sub>	١.
	reportable gaming (gambling) winnings to prize winners?	1c	7	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		ž	1.7
	Statements, filed for the calendar year ending with or within the year covered by this return 2a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>\</b>	
	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_		ļ
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			1
_	account)?	4a		<u> </u>
Ð	If "Yes," enter the name of the foreign country:	,		پيت در
	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		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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>\</b>	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<b>\</b>	
7	Organizations that may receive deductible contributions under section 170(c).			4 ب
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u></u>		
	and services provided to the payor?	7a		1
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		<del> </del>
C	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	<del>/</del> -		├-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b> </b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requirecN/A			Ť.
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?N/A			
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	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? N/A	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		,	7#:
a b	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities N/A 10b			١.
11	Section 501(c)(12) organizations. Enter:	•		Ì
a	Gross income from members or shareholders	'	,	} ,
b	Gross income from other sources (Do not net amounts due or paid to other sources	i		İ
	against amounts due or received from them.)	ا_ــا		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?N/A	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		,	· '
_			·	
C	Enter the amount of reserves on hand	145		-
I4a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<b>√</b>
b	ii res, mas it med a norm red to report mese payments: ii no, provide an explanation in schedule of the	170		

Part					
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.  Check if Schedule O contains a response or note to any line in this Part VI			itrucu	ions. . [7]
Secti	on A. Governing Body and Management	<del>·····</del>	•••	<u> </u>	<u>. V</u>
				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.	<b>1a</b> 2	. "	- A	3. "
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 in any other officer, director, trustee, or key employee?		2	, 	1
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	on's assets? elect or appoint	4 5 6		√ √
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		1
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dortakon during	, ,		
a b 9	The governing body?		8a 8b	<b>√</b>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	إا	✓_
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Revon	uo C	odc.) Yes	
10a	Did the organization have local chapters, branches, or affiliates?		10a	165	No /
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption.		10b	 	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	-	11a	<b>√</b>	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	e rise to conflicts?	12a 12b	<b>√</b>	<del> </del>
c	Did the organization regularly and consistently monitor and enforce compliance with the process describe in Schedule O how this was done.		12c	1	
13	Did the organization have a written whistleblower policy?		13	<b>√</b>	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a		14	<b>√</b>	4 500,1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
a	The organization's CEO, Executive Director, or top management official		15a		⊢
b	Other officers or key employees of the organization		15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?		16a	, " , , ,	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take stops to organization's exempt status with respect to such arrangements?	o safeguard the	16b	• • •	. A 18 18
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, a available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Section	501(	c)(3)s	only)
19 20	Own website Another's website Upon request Other (explain in Sci Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	nts, conflict of int			/, and
20	State the name, address, and telephone number of the person who possesses the organization Michael I. Weisel 1101 Havnes Street Suite 205 Raleigh NC 27604-1455	DII S DOOKS AND FE	coras:		

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rage	

Form	nnn	1201	7

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for	(do n box, office	Pos (do not check box, unless po officer and a c			e than o is both or/trust	one nan	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated
	related organizations below dotted line)		Institutional trustee	er	Key employee	Highest compensated employee	er	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) J Laurenz	11								,	
Board Director	ļ	✓	_		L_	L	<u> </u>	0	0	0
(2) Michael L. Weisel	11	1				1		l		
Board Director and Secretary/Treasurer		1	✓	_	L_	<u> </u>	L.	c	0	0
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	<u>/ees</u>	s, aı	nd H	lighe	st C	ompensated E	<b>mployees</b> (c	ontinue	:d)		
			]		-	C)			]	]				
	(A)	(B)	(do n	ot ch		nore	than c	one	(D)	(E)			(F)	
	Name and title	Average (do not check r					is both	n an	Reportable	Reportable			imated	-
		hours per week (list any	office	er and	_	rect	or/trus	<u> </u>	compensation	compensation related	mom		ount of other	f
		hours for	유표	Inst	Officer	3	哥哥	Former	the	organization	ıs		ensatı	on
		related	Individual trustee or director	ğ	E E	Key employee	S Page	Į₫	organization	(W-2/1099-MI	SC)		m the	
		organizations below dotted	호를	ona	1	흥	8 2	ı .	(W-2/1099-MISC)		i i		nızatıo related	
		line)	Test	1	ŀ	8	륳				1		nızatıo	
		ĺ	8	Institutional trustee	ĺ		Highest compensated employee	ĺ			[			
				Ľ			8	<u> </u>	L					
(15)						l		l	ł		- 1			
					<u>_</u>									
(16)		1												
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(17)														
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(18)														
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(21)														
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(22)		<del> </del>			-						$\neg$			
3 <del></del> 2	,	†	1						ļ		ļ			
(23)		<del> </del>												
1-0/		<del> </del>	i								1			
(24)	<del></del>	<del> </del>		_	$\vdash$	<del>                                     </del>		$\vdash$						
127/		<del> </del>	1					<b>!</b>	}		j			
(25)		╁─┈─	-	Н	H	<del> </del>		<del>                                     </del>		<del>-</del>				
123)		<del> </del>							ţ		ļ			
1b	Sub-total	L	<u>.                                    </u>			L	L	┕	<del>                                     </del>					
		· · · · ·	- ·	•	•		•		0	-	0			
C د	Total from continuation sheets to Part			•	•		•		<del></del>					
_ <u>d</u>		<del></del>			•	• •	<u>.</u> .		0		0			
2	Total number of individuals (including bu		to th	ose	list	ed a	above	e) W		ore than \$10	0,000 6	)T		
	reportable compensation from the organ	ization							0					_
•	Did the consideration list one former of	duna					leas		laves as bumb	act compan	antad	[	Yes	No
3	Did the organization list any former of							qms	noyee, or nign	est compen	sated			·
_	employee on line 1a? If "Yes," complete							- •				3	<b>├</b> —	<b>↓</b> ✓
4	For any individual listed on line 1a, is the											1	Ì	1
	organization and related organizations	greater th	an \$1	50,	UUU	? //	"Ye	s, "	complete Sch	edule J for	such			·
	individual			•	•		•					4	<u> </u>	1
5	Did any person listed on line 1a receive of													.
	for services rendered to the organization	? If "Yes," c	ompi	ete	Scr	ieal	ile J f	or s	such person	· · · ·	<u> </u>	5	<u> </u>	✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed ind	depe	end	ent	contr	acto	ors that receive	ed more than	\$100,	000 of	:	
	compensation from the organization. Rep	port compc	nsatio	on fo	or th	ic c	alend	ar y	ear ending wit	h or within th	10 orga	ınızatio	on's t	tax
	year.													
	(A)								(B)			(C)		
	Name and business add	tress						L	Description of s	ervices	C	ompens	ation	
								Г	·					
									<del> </del>					
2	Total number of independent contractor	ors (includir	a bu	t n	ot I	imit	ed to	th	ose listed abo	ove) who				
-	received more than \$100,000 of compens							•••		,				

Form **990** (2017)

Pan	VIII	Statement of Revenue		5		_
	:	Check if Schedule O contains a response or note to	o any line in this  (A)  Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
fts, Grents r Amounts	1a b c	Federated campaigns 1a 0 0 Membership dues 1b 0 Fundraising events 1c 0 Related organizations 1d 0 0			20	, ,
Contributions, Gifts, Grents and Other Similar Amounts	d e f	Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  10  2,882,666	<b>,</b> '			
o pr	g	Noncash contributions included in lines 1a-1f: \$ 0				,
	h	Total. Add lines 1a–1f	2,882,666	,		
5		Business Code				
eve	2a					
ec 8	b					<del></del>
돌	C					
တ္တ	d					
Program Service Revenue	e	All other present convey revenue		·		
ç	f	All other program service revenue .  Total. Add lines 2a-2f			<u> </u>	l
<u> </u>	3	Investment income (including dividends, interest,	0		<u> </u>	
		and other similar amounts)	0	0	,	,
	4	Income from investment of tax-exempt bond proceeds ▶	0		- 0	· · · · · · · · · · · · · · · · · · ·
	5	Royalties	0	0		
	•	(i) Real (ii) Personal				
	6a	Gross rents .	,			
	b	Less; rental expenses				
1	c	Rental income or (loss)				
	d	Net rental income or (loss)	0	0	0	
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory	,			
	b	Less: cost or other basis				
	ł	and sales expenses .				
	С	Gain or (loss)				,,
	d	Net gain or (loss)	0	0	0	
nue	8a	Gross income from fundraising			a court (v	- (
Other Fiever	[	events (not including \$ of contributions reported on line 1c).				'
Ĕ	١.	See Part IV, line 18 a				,
Б		Less: direct expenses h	<u> </u>	u		<u> </u>
		Net income or (loss) from fundraising events .   Gross income from garning activities.  See Part IV, line 19	0	14	0	Ha A ,
	ь	Less. direct expenses b				,
		Net income or (loss) from gaming activities	0			
		Gross sales of inventory, less returns and allowances a		<u> </u>		1.4
	ь	Less: cost of goods sold h				
	С	Net income or (loss) from sales of inventory	0	0	0	
		Miscellaneous Revenue Business Côde				1, 1
	11a					
	b					
	C					
	d	All other revenue				
	e	<b>Total.</b> Add lines 11a–11d ▶	0			
	12	Total revenue. See instructions	2 002 666	^		

	Check if Schedule O contains a response				
o no b, 9b	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	1,453,636	1,453,636		- 10
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 salanes and wages	226,056	226,056	0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	
9	Other employee benefits	29,990	29,990	0	
10	Payroll taxes	22,841	22,841	0	
1	Fees for services (non-employees):				
а	Management	285,615	93,615	192,000	
b	Legal	5,280	0	5,280	
C	Accounting	17,998	o[	17,998	
d	Lobbying	0	- 0	<u> </u>	<del></del>
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	<u>ol</u>	0	0	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11,340	11,340	0	<del></del>
2	Advertising and promotion	122,578	122,578	0	····
3	Office expenses	23,942	23,942	0	
4	Information technology	1,219	1,219	0	
5	Royalties	0	0	0	
6	Occupancy	22,349	0	22,349	
7 B	Payments of travel or entertainment expenses	15,748	15,748		
•	for any federal, state, or local public officials	o	ا	0	
9	Conferences, conventions, and meetings .	420	420	0	
0	Interest	0	0	0	
1	Payments to affiliates	0	0	0	
2	Depreciation, depletion, and amortization .	6,125	0	6,125	
3	Insurance	8,399	0	8,399	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	,	,	t A ser, out o	4
	Inne 24c amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	lı	46 p	10 × 1400	
a	Research	49,460	49,460	0	
b	Books, Subscriptions, Reference	31,169	<u> </u>	31,169	
٦ د		0	<u>0</u>	0	
d e	All other expenses Miscellaneous	0	0	0	
е 5	Total functional expenses. Add lines 1 through 24e	822 2,334,987	2,050,845	822 284,142	
<u></u> 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	2,334,967	2,030,845		

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this	s Part X	<u> </u>	🛘
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,466	1	557,745
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	c	3	0
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from current and former officers, directo	rs,		
		trustees, key employees, and highest compensated employee	es.		
		Complete Part II of Schedule L	0	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	und		,
ts		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7 ·	Notes and loans receivable, net	0	7	0
ĕ	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			ĺ
			,624		<u> </u>
	ь	Less: accumulated depreciation 10b 22	,877 13,872	10c	8,747
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	318	15	8,113
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,656	16	574,605
	17	Accounts payable and accrued expenses	0	-	10,270
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
68	22	Loans and other payables to current and former officers, directo			, ,
≣	i	trustees, key employees, highest compensated employees, a	nd		
Liabilities		disqualified persons. Complete Part II of Schedule L	0		0
_	23	Secured mortgages and notes payable to unrelated third parties	0	-	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related the parties, and other liabilities not included on lines 17-24). Complete Particle Part	ıx		
		of Schedule D	0		0
_	26	Total liabilities. Add lines 17 through 25		26	10,270
ces		complete lines 27 through 29, and lines 33 and 34.	and		
a	27	Unrestricted net assets	16,656	27	564,335
Ва	28	Temporanly restricted net assets	0	_	0
힏	29	Permanently restricted net assets		29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ a complete lines 30 through 34.	and		,
ts	30	Capital stock or trust principal, or current funds		30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances		33	564,335
_	34	Total liabilities and net assets/fund balances			574,605
					Form <b>990</b> (2017)

Page	12	
Page	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>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,88	32,666
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,33	34,987
3	Revenue less expenses. Subtract line 2 from line 1	3		54	17 <u>,679</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	16,656
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O) . *	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		5€	<u> </u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	· · ·	
			<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		- / 4-4	.	1
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaın ir	1 [ 4, 4]	"	, 📆
	Schedule O.				السنا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>/</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or	r   "	4.5	x. 1
	reviewed on a separate basis, consolidated basis, or both:		ا الاحداد	, *	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				البد
b	Were the organization's financial statements audited by an independent accountant?		2b		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	۱	_ رهبر	
	separate basis, consolidated basis, or both:		,		
	Separate basis Consolidated basis Both consolidated and separate basis		.		السند
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accou			8 20	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex	piain in	'   `	u "	. 1
_	Schedule O.	Ca		تبشعد	النسا
3 <b>a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set	ionth in	1 1		,
_	the Single Audit Act and OMB Circular A-133?	 	3a	<b>  </b>	<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				
_	required audit of audits, explain why in Schedule O and describe any steps taken to undergo such a	Julis. N			<u></u>
			For	n 990	(2017)

## **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

	see separate instructions), t			• • • • • • • • • • • • • • • • • • • •	,
	ection 501(c)(4), (5), or (6) organization	anizations: Complete Part III.	· · · · · · · · · · · · · · · · · · ·	Employer idea	Affication number
	· ·			1 -	tification number
	Carolina Citizens for Protect	ting our Schools e organization is exempt ui	ador costion 501/s		45-2294710
Part					<del> </del>
1	definition of "political car	. •	·	. •	IV. (see instructions for
2		ty expenditures (see instructions			0
3		cal campaign activities (see inst			0
Part		e organization is exempt ur			
1	Enter the amount of any	excise tax incurred by the organ	ization under section	n 4955 ▶ \$	
2		excise tax incurred by organizat			
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	I-C Complete if th	e organization is exempt u	nder section 501(	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing orga	nization for section	527 exempt function	
	activities			▶ \$_	0
2	Enter the amount of the	filing organization's funds cont	ributed to other org	anizations for section	
	•	vities			1,062,000
3	Total exempt function of	expenditures. Add lines 1 and	2. Enter here and	on Form 1120-POL,	
	line 17b			▶ \$ੁ	1,062,000
4	Did the filing organization	a file Form 1120-POL for this ye	ar?		☐ Yes 🗸 No
5	organization made paym the amount of political co	ses and employer identification of ents. For each organization lister ontributions received that were p I fund or a political action commi	d, enter the amount promptly and directly	paid from the filing organic 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 funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0
(1)		PO Box 255			
Nc	orth Carolina Families First	Raleigh, NC 27602	45-3626206	1,062,000	0
(2)					
(3)					
(4)					
(5)					
(6)					

Page	2

Cabadaka	O /F	000 000	C30 0047
Schedule	Ciron	990 or 990	-PZ12U17

SCI	nedule C (Form 990 or 990-EZ) 2017						Page 4	4
	art II-A Complete if the orga section 501(h)).			_				
A	Check ► ☐ if the filing organizati address, EIN, expens					liated group membe	er's name,	_
В	Check ▶ ☐ if the filing organizati	on checked	box A and	"limited control" p	rovisions apply.			
	Limits	on Lobbyin	g Expendit	ures		(a) Filing	(b) Affiliated	
	(The term "expendit	ures" mean	s amounts	paid or incurred.	)	organization's totals	group totals	
•	1a Total lobbying expenditures to	influence pu	blic opinion	(grass roots lobby	ring)			
	<b>b</b> Total lobbying expenditures to i	influence a le	egislative bo	ody (direct lobbyin	g)			
	c Total lobbying expenditures (ad	ld lines 1a ar	nd 1b) .					
	d Other exempt purpose expendr	tures	:					
	e Total exempt purpose expendit	ures (add lin	es 1c and 1	d)				
	f Lobbying nontaxable amount.	. Enter the	amount fi	rom the following	table in both			
	columns.							
	ff the amount on line 1e, column (a	) or (b) is: 1	he lobbying	nontaxable amoun	t is:		jr. *	ï
	Not over \$500,000	2	0% of the ar	nount on line 1e.				Ì
	Over \$500,000 but not over \$1,000,	000 \$	100,000 plus	15% of the excess	over \$500,000.		٠	
	Over \$1,000,000 but not over \$1,50		175,000 plus	10% of the excess	over \$1,000,000.	1		
	Over \$1,500,000 but not over \$17,0	00,000	225,000 plus	5% of the excess o	ver \$1,500,000.	]		ł
	Over \$17,000,000		31,000,000.			<u> </u>	<del>-</del>	_!
	g Grassroots nontaxable amount	•				<u> </u>	<del></del>	_
	h Subtract line 1g from line 1a. If							_
	i Subtract line 1f from line 1c. If z					L		_
	j If there is an amount other the reporting section 4911 tax for the reporting section			1h or line 1; dic			]Yes ☐ No	)
	(Some organizations that ma	ade a sectio	n 501(h) el	Period Under sec ection do not hav ructions for lines	e to complete all	of the five column	s below.	
	L	obbying Ex	penditures	During 4-Year A	veraging Period	<del>,</del>		_
	Calendar year (or fiscal year beginning in)		(a) 2014	<b>(b)</b> 2015	( <b>c)</b> 2016	<b>(d)</b> 2017	(e) Total	
:	2a Lobbying nontaxable amount					-		
	b Lobbying ceiling amount (150% of line 2a, column (e))							
	c Total lobbying expenditures		·					
	d Grassroots nontaxable amount							
	e Grassroots ceiling amount (150% of line 2d, column (e))							
	f Grassroots lobbying expenditur	es			,			

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).	d F	orm	576	В	
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)			(b)	
	ription of the lobbying activity.	s	No		Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			-		- Th.
а	Volunteers?	_ -			ť	* **
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?	Ι				
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?	$\perp$				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
<b>2</b> a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	4				ئـــــــــــــــــــــــــــــــــــــ
Ь	If "Yes," enter the amount of any tax incurred under section 4912		.			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	_ _				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ᆚ.				
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	, or	' se	ction		_
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	↓	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		ļ
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the price			3		<u> </u>
Pan	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I answered "Yes."					3, is
1	Dues, assessments and similar amounts from members	Τ	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	L	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?	'  -	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	$\vdash$	5			
Par	<u> </u>		<u>-</u>			
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group linestructions); and Part II-B, line 1. Also, complete this part for any additional information.	ıst);	Par	t II-A,	lines 1	and
-	Carolina Citizens for Protecting our Schools conducted public issue and policy polling on various educationa	al ici	cunc	and		
Morai	Carolina Citizens for Protecting our Schools conducted public 153de and policy politing on various educations	11.13.	3463	41.14		
disser	ninated such information to the general public. The entity also contributed to organizations that promoted the	ese	issu	es.		
					<b></b>	
	<u></u>					
	•					
				<b></b>	<b></b>	

Schedule C (Form	n 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continued)	
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		<del></del>
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	· ·	

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

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	Carolina Citizens for Protecting our Schools		<u> </u>	45-2294710
Par				Accounts.
	Complete if the organization answered		·	· <u>···</u> ······
		(a) Donor advised funds	J	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year		Ţ	
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in	donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol?	· · · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grain	nt fund:	s can be used
	only for charitable purposes and not for the bene			
	conferring impermissible private benefit?			· · · · □ Yes □ No
Par	Conservation Easements.			
_	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the			· · · · · · · · · · · · · · · · · · ·
•	Preservation of land for public use (e.g., recrea		f a histo	orically important land area
	Protection of natural habitat			ified historic structure
	Preservation of open space	_ Teservation o	i a certi	med filstorie structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the	e form of a conservation
_	easement on the last day of the tax year.	cid a qualifica conscirtation contabation	]	Held at the End of the Tax Year
_	Total number of conservation easements			2a
a			• •	2b
b	Total acreage restricted by conservation easement			
C	Number of conservation easements on a certified I			2c
d	Number of conservation easements included in historic structure listed in the National Register .			
•				2d
3	Number of conservation casements modified, trans	sicrica, released, extinguished, or terr	mnated	by the organization during the
	tax year ▶			
4	Number of states where property subject to conse			to a sufficient of
5	Does the organization have a written policy re		-	
_	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conserv	ation easements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conser	vation easements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line		f section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			· · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text of	<del>-</del>	nancial s	statements that describes the
	organization's accounting for conservation easeme			
Part	<u> </u>	•		r Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as pormitted under SF	AS 116 (ASC 958), not to report in its	revenu	ue statement and balance shee
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements tha	t descri	ibes these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenu	e statement and balance shee
	works of art, historical treasures, or other similar			
	public service, provide the following amounts relat			
	(i) Revenue included on Form 990. Part VIII. line 1			. ▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			. <b>&gt;</b> \$
2	If the organization received or held works of art	historical treasures or other similar	assets	s for financial gain, provide the
_	following amounts required to be reported under S			gan, provide the
а	Revenue included on Form 990, Part VIII, line 1 .			<b>▶</b> \$
b	Assets included in Form 990, Part X			
	7 000to included in Fulfil 990, Falt A	<u> </u>	· <u>· · · · · · · · · · · · · · · · · · </u>	<u> </u>

Par	III Organizations Maintaining	Collections of	Art, His	torical	<b>Freasures</b>	, or Ot	her Similar A	ssets	(cont	inued)
	Using the organization's acquisition, collection items (check all that apply):	accession, and ot								
а	<ul><li>Public exhibition</li></ul>		ď	☐ Loan	or exchang	ge prog	rams			
b	☐ Scholarly research		e	☐ Othe	r			<del>-</del> -		<b>-</b>
C	☐ Preservation for future generation									
4	Provide a description of the organiza XIII.	tion's collections a	ind expla	iin how t	hey further	the org	anization's exe	empt pu	ırpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather								Yes	□ No
Part	IV Escrow and Custodial Arra									
	Complete if the organization	n answered "Yes'	on For	m 990, l	Part IV, line	e 9, or	reported an a	mount	on F	orm
	990, Part X, line 21.			· . · - <u>-</u>		<del></del>				
1a	Is the organization an agent, trustee included on Form 990, Part X?							_	Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing t	able:					
							<u> </u>	Amoun	<u> </u>	
C	Beginning balance					1c				
d	Additions during the year					1d	<u> </u>			
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amou									
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	<u>cplanatio</u>	n has been	provide	ed on Part XIII	<u></u>	·	<u> </u>
Par	V Endowment Funds.									
	Complete if the organization							. 1		<del></del>
		(a) Current year	(b) Pro	or year	(c) Two year	's back	(d) Three years ba	CK (e)	our yea	rs back
1a	Beginning of year balance	l			ļ					
b	Contributions									
С	Net investment earnings, gains, and losses	_								
d	Grants or scholarships									
е	Other expenditures for facilities and programs				1					
f	Administrative expenses						-			
g	End of year balance									
2	Provide the estimated percentage of	the current year en	d balanc	e (line 1g	, column (a	)) held a	as:	1		
а	Board designated or quasi-endowme	nt ▶	%							
b	Permanent endowment ▶	%	· <b>-</b>							
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.							
3a	Are there endowment funds not in th	e possession of th	e organi:	zation the	at are held	and ad	ministered for	the		
	organization by:								Ye	s No
	(i) unrelated organizations							. 32	ı(i)	
	(ii) related organizations							. <b>3</b> a	(ii)	
b	If "Yes" on line 3a(ii), are the related of							. <u>[</u> 3	<b>b</b>	
4	Describe in Part XIII the intended use		n's endo	wment f	unds.					
Par										
	Complete if the organization	answered "Yes"	on For	m 990, I	Part IV, line	e 11a. :	See Form 990	), Part	X, line	<u> 10.</u>
	Description of property	(a) Cost or oth		• •	or other basis other)		Accumulated epreciation	(d)	Book va	atue
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		31,624		22,877			8,747
е	Other		0		0		0			0
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	90, Part )	(, columr	n (B), line 10	)c.)	▶			8,747

	Complete in the organization answered incoming	TORRI 990, Fart IV, IIIIE	11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial	derivatives		
	neld equity interests		
(3) Other	***************************************		
(A)			
(B)			
(C) (D)			
(E)			
( <u>-/</u> (F)			
(G)			
(H)			
Fotal. (Column (	b) must equal Form 990, Part X, col. (B) line 12.) ▶		. ,.
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)		<del> </del>	
(6)		<del></del>	
(7) (8)			
(9)			<del></del>
	b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on F	5 OOO D N. P	
	Complete if the organization driswered Tes Citi	-orm 990, Part IV, line	<del></del>
	(a) Description	-orm 990, Part IV, line	11d. See Form 990, Part X, line 15.  (b) Book value
	- <u> </u>	-orm 990, Part IV, line	(b) Book value
(2)	(a) Description	-orm 990, Part IV, line	(b) Book value
(2) (3)	(a) Description	-orm 990, Part IV, line	(b) Book value
(2) (3) (4)	(a) Description	-orm 990, Part IV, line	(b) Book value
(2) (3) (4) (5)	(a) Description	-orm 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6)	(a) Description	-orm 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7)	(a) Description	-orm 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6)	(a) Description	-orm 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description Id offices utility deposits  Timn (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value  8,11
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description Id offices utility deposits  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on F		(b) Book value  8,11
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	(a) Description Id offices utility deposits  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on F line 25.	Form 990, Part IV, line	(b) Book value  8,11
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation X	(a) Description Id offices utility deposits  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Fline 25.  (a) Description of liability  (b) Book value	Form 990, Part IV, line	(b) Book value  8,11
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	(a) Description Id offices utility deposits  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Fline 25.  (a) Description of liability  (b) Book value	Form 990, Part IV, line	(b) Book value  8,11
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnary X	(a) Description Id offices utility deposits  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Fline 25.  (a) Description of liability  (b) Book value	Form 990, Part IV, line	(b) Book value  8,11  ▶ 8,11
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	(a) Description Id offices utility deposits  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Fline 25.  (a) Description of liability  (b) Book value	Form 990, Part IV, line	(b) Book value  8,11
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnary X	(a) Description Id offices utility deposits  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Fline 25.  (a) Description of liability  (b) Book value	Form 990, Part IV, line	(b) Book value  8,11  ▶ 8,11
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna Part X	(a) Description Id offices utility deposits  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Fline 25.  (a) Description of liability  (b) Book value	Form 990, Part IV, line	(b) Book value  8,11  ▶ 8,11
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colument X	(a) Description Id offices utility deposits  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Fline 25.  (a) Description of liability  (b) Book value	Form 990, Part IV, line	(b) Book value  8,11  ▶ 8,11
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	(a) Description Id offices utility deposits  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Fline 25.  (a) Description of liability  (b) Book value	Form 990, Part IV, line	(b) Book value  8,11
(2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	(a) Description Id offices utility deposits  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Fline 25.  (a) Description of liability  (b) Book value	Form 990, Part IV, line	(b) Book value  8,11  11e or 11f. See Form 990, Part X,

Part	Reconciliation of Revenue per Audited Financial States Complete if the organization answered "Yes" on Form 990		
1	Total revenue, gains, and other support per audited financial statement		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		grande to
a	Net unrealized gains (losses) on investments	.   2a	
b	Donated services and use of facilities		
_	Recoveries of prior year grants		<del></del>
C C	Other (Describe in Part XIII.)		
d e	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:		20.70
	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	9. 4
a b	Other (Describe in Part XIII.)		J
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		
Part			
CIL	Complete if the organization answered "Yes" on Form 990		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·¢
а	Donated services and use of facilities	. <b>_ 2a</b>	a %
b	Prior year adjustments	. 2b	
C	Other losses	. 2c	/ <del>*</del> . •
d	Other (Describe in Part XIII.)	. 2d	
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:		ř, ·
а	Investment expenses not included on Form 990, Part VIII, line 7b	.   4a	73
b	Other (Describe in Part XIII.)		K, 20
C	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,		
Part	XIII Supplemental Information.		
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa		
			·
	<u></u>		
	·	***************************************	
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Schedule D (For	m 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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# SCHEDULE I (Form 990)

Department of the Treasury internal Revenue Service Name of the organization

Part I

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

2017	pen to Public Inspection
60	od =

OMB No. 1545-0047

**%**□

✓ Yes

Employer identification number 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 the selection criteria used to award the grants or assistance? Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. General Information on Grants and Assistance North Carolina Citizens for Protecting our Schools

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring	the use of grant fu	nds in the United	States.		!
Part II Grants and Other As	sistance to Do	mestic Organiz	ations and Don	nestic Governm	ents. Complete i	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	vered "Yes" on Form
990, Part IV, line 21, for any recipient that recei	or any recipient	that received m	ore than \$5,000.	Part II can be di	uplicated if additi	ved more than \$5,000. Part II can be duplicated if additional space is needed.	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) North Carolina Families First PO Box 255, Raleigh, NC 27602	45-3626206	527	1,062,000	0	N/A	N/A	Fund education issues
(2) America Votes 1155 Connecticut Ave NW, Ste 600, Washington, DC	26-4568349	501(c)4	284,351	0	N/A	N/A	Fund education issues
(3) Real Facts NC PO Box 806, Raleigh, NC 27602	27-3337837	501(c)4	20,000	0	Y/N	N/A	Fund education issues
(4) Lead NC PO Box 1323, Raleigh, NC 27602	81-3459495	501(c)4	30,000	0	N/A	N/A	Fund education issues
(5) Progress North Carolina Action PO Box 41306, Raleigh, NC 27629	45-2862217	501(c)4	25,000	0	N/A	N/A	Fund education issues
(9)							
$\omega$							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government o	501(c)(3) and gov	ernment organization table	rganizations listed in the line 1 table	line 1 table			0

Schedule I (Form 990) (2017)

Cat. No. 50055P

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

Schedule I (Form 990) (2017)

Part III

Schedule I (Form 990) (2017) North Carolina Citizens for Protecting our Schools monitors activities of grants to other organizations by receiving and reviewing written progress reports, receiving and reviewing financial (f) Description of 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. (e) Method of valuation (book, FMV, appraisal, other) reports, meeting with the organization, discussing their program activities and verifying that intended activities were completed. (d) Amount of noncash assistance (c) 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 N Ŋ စ ო 4

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

## Supplemental Information to Form 990 or 990-EZ

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

2017

OMB No. 1545-0047

Department of the Treasury internal Revenue Service ► Go to

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

name or 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 for	m 990 is prepared after an internal review
- \	<del>-</del>
of the organization's books and records for the year. The draft form is then sent to t	he organization's officers for their
comments and suggested changes. After completion of that review, the revised form	us sent to the Board for review
comments and suggested changes. After completion of that review, the revises form	ris serie to the Board for review
Questions ,comments and changes, if any, are incorporated after discussion with th	e Board and the preparer to finalize
and file the getuin	
and file the return	
Part VI - Line 19 - Describe how the organization makes its governing documents, conflict of inte	erest 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 docum	ents, conflict of interest policy and
financial statements are available upon request by submitting a written request to the	e organization's address
	,

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
North Carolina Citizens for Protecting our Schools	45-2294710
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,	