Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018 **Open to Public**

OMB No 1545-0047

Inspection For the 2018 calendar year, or tax year beginning 2018, and ending 20 September 1 August 31 19 D Employer identification number Check if applicable C Name of organization Make North Carolina First Doing business as Address change 46-3981642 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 919-679-1776 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Raleigh, NC 27602-0648 G Gross receipts \$ 2,758,629 Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No Michael L Weisel PO Box 648, Raleigh, NC 27602 H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or 501(c)(3) __ 501(c) (Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization

Corporation

Trust

Association

Other ▶ L Year of formation 2013 M State of legal domicile: NC Part I Briefly describe the organization's mission or most significant activities: Make North Carolina First conducts research, sponsors educational activities and events, and disseminates accurate and timely information to promote the general public's Activities & Governance of ways to maintain and improve North Carolina's common good, quality of life and social welfare Check this box ▶ ☐ if the organization discontinued its operations or elsewed of more than 25% of its net assets. 2 3 4 2 Total number of individuals employed in calendar year 2018 (Part V, line 2a) EC 1 6.2020 5 0 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 OGDEN, UTAH Net unrelated business taxable income from Form 990-T, line 38 7b 0 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2.723.253 2,758,629 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,723,253 2.758.629 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,188,500 3,222,000 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 665,893 271,662 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1.854,393 3,493,662 19 Revenue less expenses. Subtract line 18 from line 12 868,860 (735,033)Beginning of Current Year **End of Year** Total assets (Part X, line 16) 20 1,054,031 318,998 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 318,998 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer when than officer) is/based on all information of which preparer has any knowledge Sign ture of officer Here WEISEL MICHAEL Type or print name and title Print/Type preparer's name Check ✓ ıf **Paid**

Preparer

Use Only

Michael J Schierbeek

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

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name ►

Firm's address

919-656-0660

P01606041

✓ Yes
☐ No. Form 990 (2018)

self-employed

Firm's EIN ▶

Phone no

Check If Schedule O contains a response or note to any line in this Part III □ Briefly describe the organization's mission: Make North Carolina's sequential search 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. Information to promote the general public's understanding of ways to maintain and improve North Carolina's common good, quality. Information to promote the general public's understanding of ways to maintain and improve North Carolina's common good, quality. Information to promote the general public's understanding of ways to maintain and improve North Carolina's common good, quality. Information to promote the general public's understanding of the program services of the program services during the year which were not listed on the prior Form 990 or 990 EZ? Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ? If "Yes," describe these changes on Schedule O. 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 expenses. Section 501(e)(3) and 501(e)(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 propred. 4e (Code:) (Expenses \$1255,150 including grants of \$1265,150 (Revenue \$	UIIII 93	20 (2010)	rage =
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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			١.
	complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓_	ļ
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	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including party of preserve gpen space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		/
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		,	
40	debt negotiation services? If "Yes," complete Schedule D, Part IV OGDEN, UTAH	9		1
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	,,		
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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	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		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
zu a 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
	domestic government on rate in, column (rg, line 1: ii 100, complete ochedule i, ratio ratio ii	<u> </u>	L.*	

Part	Cnecklist of Required Schedules (continued)			
		Γ	Yes	No
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 employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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	<u> </u>	✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess benefit transaction with a disquare that it engaged in an excess transaction with a disquare that it engaged in an excess transaction with a disquare that it engaged in an excess transaction with a disquare that it engaged in an excess transaction with a disquare that it engaged in an excess transaction with a disquare that it engaged in an excess transaction with a disquare that it engaged in an excess transaction with a disquare transaction w	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from the paragraph of any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
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	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	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 2N/A	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
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	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		, 1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	_ _	
	reportable gaming (gambling) winnings to prize winners?	1c Form	990	(2018)
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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 0			$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
þ	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)			لب
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
Ь	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4		,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		V
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		7
b	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?	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	Organizations that may receive deductible contributions under section 170(c). N/X		ĺ	
а	Did the diganization receive a payment in excess of \$75 made partly as a completion girlly light goods			
	and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal perso	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: N/A	90		i
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter: N/A			.
а	Gross income from members or shareholders			· [
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		 -
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A]	
13	Section 501(c)(29) qualified nonprofit health insurance issuers. N/A Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
а	Note. See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand]	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b]	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u>√</u> ,
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	10		eg
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>√</u> ,
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2018)
				,·-/

Part							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes						
Socti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	· · · · · ·	• •	•	. V		
3600	on A. Governing body and management			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2			111		
	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	Enter the number of voting members included in line 1a, above, who are independent .	1b 2			1 .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?	elationship with			1		
3	Did the organization delegate control over management duties customarily performed by or usupervision of officers, directors, or trustees, or key employees to a management company or other		3		1		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	•	4		1		
5	Did the organization become aware during the year of a significant diversion of the organization		5		1		
6	Did the organization have members or stockholders?		6		1		
7a	Did the organization have members, stockholders, or other persons who had the power to e	elect or appoint					
	one or more members of the governing body?		7a		✓		
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,					
	stockholders, or persons other than the governing body?	ED in Soil	7b		✓		
8	stockholders, or persons other than the governing body?	ieuaken obumes					
	the year by the following:	- 050 - 15					
а	The governing body?	1 6 2020	8a	√			
b	,		8b	✓			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be a section of the section and difference in Section 2015.		9		,		
the organization's mailing address? If "Yes," provide the names and addresses in Scheding DEN - LITAL . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue							
Secu	on b. Policies (This Section B requests information about policies not required by the	; internal neven	ue Ci	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a	163	1		
b	If "Yes," did the organization have written policies and procedures governing the activities of	such chanters			 		
J	affiliates, and branches to ensure their operations are consistent with the organization's exemptons		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	✓			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		✓		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"	400				
40	describe in Schedule O how this was done		12c				
13	Did the organization have a written whistleblower policy?		14	<u> </u>			
14 15	Did the process for determining compensation of the following persons include a review a			•	1		
10	independent persons, comparability data, and contemporaneous substantiation of the deliberatio						
а	The organization's CEO, Executive Director, or top management official		15a				
b	Other officers or key employees of the organization		15b				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil	-					
	with a taxable entity during the year? N/A		16a		L		
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 steps to		4Ch				
Sac+:	organization's exempt status with respect to such arrangements?	• • • • • • • • • • • • • • • • • • • •	16b	Ĺ	<u> </u>		
Section	List the states with which a copy of this Form 990 is required to be filed ► None			····			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	1 000 and 000 T	(\$00	tion f	501/0		
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain in Sch	t apply. edule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documer financial statements available to the public during the tax year.				, and		
20	State the name, address, and telephone number of the person who possesses the organization	n's books and red	cords	>			
	Michael L. Weisel, 1101 Haynes Street, Ste 205, Raleigh, NC 27604						

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Page	•

Form	990	<i>(</i> 201	8)

	· · · · · · · · · · · · · · · · · · ·	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee	s, 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.

	or any relate	d org	anız	atio	n c	ompe	ensa	ated any currer	nt officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related	(do n box, office	ot ch unles	Pos neck ss pe	ition more rson lirect	e than o	one n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
(1) Adam Abram	2							İ		,
Chairperson		✓					L.	0	0	0
(2) Dean Debnam	2								1	
Board Member		✓	<u> </u>	<u> </u>			$oxed{oxed}$	0	0	0
(3) Michael L Weisel	2	1								
General Counsel, Secretary, Treasurer		ļ	$oxed{igspace}$	1		<u> </u>	_	0	0	0
(4)		-								
(5)		-	┢	⊢	-	ļ	╁	REOF	-	· · · · · · · · · · · · · · · · · · ·
(5)		1						IRC	D IN CORDE	
(6)			<u> </u>				T	1113	OSC - 15	3
		}	L	L		L	L	DEC	7.0	
(7)									2020	
(8)								OGDEI	ED IN CORRECT OSC - 15 1 6 2020 V. UTAH	
(9)			 							
(10)								,		
(11)			_							
(12)							<u> </u>			
(13)						-				
(14)				_	<u> </u>	_				

	' (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	unies	Pos eck s pe	more rson	than the structure of t	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatior (W-2/1099-Mi	from is	Esti amo comp fro orgai and	(F) mated punt of other ensatio m the nization related	1
(15)							80							
(16)			<u></u>								\dashv			
(17)								-						
(18)			ļ											
											_			
(19)				<u> </u>										
(20)										AFAS				
(21)										RECEIVE IRS -	D IN	CORR - 15	ES	
(22)										DEC				
(23)														
(24)										OGDE	N, ψ 1	TAH	·	
(25)											+			
1b c d	Sub-total			•	·		· ·	▶ ▶	0		0	· · ·		
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	rho received mi 0	ore than \$10	0,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c	or tr	uste indi	ee,	key e	emp	oloyee, or high	est comper	sated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	50,	000	? /i	"Ye	s," · ·	complete Sch	edule J for 	such	4		√
5	Did any person listed on line 1a receive of for services rendered to the organization											5		1
Section 1	on B. Independent Contractors Complete this table for your five highest compensation from the organization. Repyear.	compensate	ed inc	depe	endor th	ent ne c	contra alend	acto ar y	ors that receive year ending wit	ed more than h or within th	\$100 ne org	,000 of anızatio	on's ta	ax
	(A) Name and business add	lress							(B) Description of s	ervices		(C) Compens	ation	
												,		
								<u> </u>	····					
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who				

Form **990** (2018)

Part	IIIV,	Statement of Reve					D4 \ (III)		
	•	Check if Schedule C	contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts st	1a	Federated campaigns	s	1a	О				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	0				
Ö, Ĕ	С	Fundraising events .		1¢	0				
iff.	d	Related organizations		1d	.0	,		ļ	
S, G	e	Government grants (cor		1e	o				
Sign	f	All other contributions, g	-						
돌		and similar amounts not inc		1f	2,733,725				
ξ δ	_ a	Noncash contributions includ	ted in lines 1a-		24,904				ļ
S P	h	Total. Add lines 1a-1			24,50 1	2,758,629			
		TOTALITY COUNTY OF THE T	· · · · · · · · · · · · · · · · · · ·		Business Code	2,730,023			
E E	2a								
ě	b							<u> </u>	
8							,		
Program Service Revenue	ا ا				-			 	
	d								
	e	All other program con			····				
<u>5</u>	l t	All other program ser Total. Add lines 2a-2				0			
<u> </u>	3	Investment income				<u>_</u>			
	"	and other similar amo					C	,	,
		Income from investmen	•			0		 	0
	4			•		0		 	
	5	Royalties			(ii) Personal	0	<u>_</u>	<i>y</i>	C
		0	(71100	· 	(ii) (Croorital				
	6a	Gross rents						-	
	b	Less: rental expenses	<u> </u>						
	C	Rental income or (loss)	L		L			HECEIVED IN	
	d	Net rental income or		<u> </u>		9		RECEIVED IN	CORRES
	7a	Gross amount from sales of	(i) Secunt		(ii) Other			1 780	- 15
ĺ	ĺ	assets other than inventory						DEN 18	, ,
	b	Less cost or other basis						/ "	/'` <i>\</i> ''
		and sales expenses .							
	С	Gain or (loss)						 	
	d	Net gain or (loss) .			<u> </u>	0		0	C
anue	8a	Gross income from fu	undraising					HECEI	VED IN CORRES 5 - OSC - 15
Other Reven		of contributions reporte See Part IV, line 18				Í		DE	C 1 6 2020
ŧ	h	Less: direct expenses							
0	c	Net income or (loss) f							DEN. UTAH C
	1	Gross income from ga See Part IV, line 19	amıng actıvı	ties.				×	
	ь	Less: direct expenses	3	. b				1	
		Net income or (loss) f			vities	0		0	0
		Gross sales of in				<u></u>		1	
		returns and allowance						ļ	
į	h	Less: cost of goods s							
		Net income or (loss) f				0		0	0
	⊢ —	Miscellaneous F		<u> </u>	Business Code	<u>-</u>		,	<u> </u>
	11a	iviiscellarieous P	- Veriue		Guarreaa Oute			 	
•	b						!		
	C	All All							
	d	All other revenue .			L		·	 	
	е	Total. Add lines 11a-			🟲	0		ļ	
	1 12	Total revenue. See II	nstructions		▶	2 758 629	C	n 🗅	

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete c	olumn (A).	
	' Check if Schedule O contains a respon	se or note to any lin	e in this Part IX .			
	t include amounts reported on lines 6b, 7b, o, 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	3,222,000	3,222,000			
2	Grants and other assistance to domestic		-			
	ındividuals. See Part IV, line 22	o	o			
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	ındıvıduals. See Part IV, lines 15 and 16	o	o			
4	Benefits paid to or for members	o	0			
5	Compensation of current officers, directors,					
	trustees, and key employees	o	o	0	<u> </u>	(
6	Compensation not included above, to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	o	o	0		(
7	Other salaries and wages	0	0	0		
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	_0	o	0		(
9	Other employee benefits	0	0	0		_ (
10	Payroll taxes	0	0	0		
11	Fees for services (non-employees):					
а	Management	208,400	0	208,400	·	С
b	Legal	0	0	0		С
C	Accounting	17,23	0	17,238		C
d	Lobbying	0	0	0		0
e	Professional fundraising services. See Part IV, line 17	0				
f	Investment management fees	0	o	0		0
g	Other. (If line 11g amount exceeds 10% of line 25, column		į			
	(A) amount, list line 11g expenses on Schedule O)	0	0	O SECURITION OF THE PARTY OF TH	IN CORRES	0
12	Advertising and promotion	0	0	HECEIVER	IN CORRES	0
13	Office expenses	374	0	117974		0
14	Information technology	0	0	ner	1 6 2020	
15	Royalties	0	0	שבש		
16	Occupancy	0	0	0		
17	Travel	0	0	O@®	EN, UTAH	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			_		_
40	•		0	0	<u> </u>	0
19	Conferences, conventions, and meetings	0	0	0		0
20 21	Interest	0	0	0		0
22	Depreciation, depletion, and amortization .	0	0	0		0
23	Insurance	0		0	,	0
24	Other expenses. Itemize expenses not covered					
27	above (List miscellaneous expenses in line 24e. If					
	line 24e amount exceeds 10% of line 25, column					
,	(A) amount, list line 24e expenses on Schedule O.)		j			
а	Dues and Subscriptions	12,500	0	12,500		0
b	Research	33,150	33,150	0		0
C		0	0	0		0
d		0	o	0		0
e	All other expenses	0	o	0		0
25	Total functional expenses. Add lines 1 through 24e	3,493,662	3,255,150	238,512		_
26	Joint costs. Complete this line only if the					
	organization reported in column (B) joint costs from a combined educational campaign and	1				
	fundraising solicitation. Check here					
	following SOP 98-2 (ASC 958-720)					

Form **990** (2018)

<u> </u>	arı x	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa	<u>rt X </u>		<u> </u>
	•	•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,054,031	1	318,998
	2	Savings and temporary cash investments	0		0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			j
		trustees, key employees, and highest compensated employees.			ļ.
		Complete Part II of Schedule L	0	5	0
Ş.	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			
ete	-	· · · · · · · · · · · · · · · · · · ·	0		0
Assets	7	Notes and loans receivable, net	0		, 0
•	8	Inventories for sale or use	0		0
		Prepaid expenses and deferred charges	0	9	<u> </u>
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11 [0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,054,031	16	318,998
	17	Accounts payable and accrued expenses		17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule DECEIV	'ED IN CORRES 0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	5 - OSC - 15		
ğ		disqualified persons. Complete Part II of Schedule L DE	C 1 6 2020 o	22	0
تّ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties OG	DEM LITAL 0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	ol	25	0
	26	Total liabilities. Add lines 17 through 25	0		0
se		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	1,054,031	27	210 000
ala	27	Temporarily restricted net assets			318,998
80	28 29	Permanently restricted net assets	0		0
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		23	
ţş	30	Capital stock or trust principal, or current funds	0	30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
As	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
é	33	Total net assets or fund balances	1,054,031	$\overline{}$	318,998
~	34	Total liabilities and net assets/fund balances	1 054 031		318 998

Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,75	8,629			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,49	3,662			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) [4		1,05	4,031			
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		31	8,998			
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII.	· · · · ·						
	Accounting method used to proper the Form 990: 🗆 Cook 🖾 Account 🖂 Other IRS - OSC	OHHES	; 	Yes	No			
1	ACCOUNTRO METHOD USED TO DIEDATE THE FORM 330. I I CASH 14 (ACCIDAL 1) OUTE	_	1		1			
	If the organization changed its method of accounting from a prior year or checked "Other," exp	laigh in			1			
	Schedule O.	.020						
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 the statements for the year the statement of the year than the year that year than the year that year than the year that year than the year that year than the year that year t	ted 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		1			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a						
	separate basis, consolidated basis, or both:		ŀ					
	☐ 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 over		_					
	of the audit, review, or compilation of its financial statements and selection of an independent accour		2c		<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, exp	lain ın						
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in	_					
	the Single Audit Act and OMB Circular A-133?	·	<u>3a</u>		✓			
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 au	dits. N/A	3b	ليبا				
			Forr	n 990	(2018)			

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

▶ 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.

OMB No 1545-0047
2018
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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.

n 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

Tax) (s	ee separate instructions), t	hen							
• Se	ection 501(c)(4), (5), or (6) orga	anızatıons: Complete Part III.							
Name	of organization			Employer iden	tification number				
Make I	North Carolina First		46-3981642						
Part		e organization is exempt unde	er section 501(d	c) or is a section 527 o	organization.				
1	Provide a description o	f the organization's direct and inc	Jirect political ca	mpaign activities in Part	IV. (see instructions for				
	definition of "political car								
2	Political campaign activit	ty expenditures (see instructions) .			1,355,000				
3	Volunteer hours for politi	cal campaign activities (see instruc	tions)	<u> </u>	0				
Part	I-B Complete if th	e organization is exempt unde	er section 501(d	c)(3).					
1		excise tax incurred by the organiza							
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$					
3									
4a									
b	If "Yes," describe in Part								
Part	I-C Complete if th	e organization is exempt unde	er section 501(c), except section 501	(c)(3).				
1	Enter the amount direct	ly expended by the filing organization	ario Election	527 exempt function					
1 Enter the amount directly expended by the filing organization for section 327 exempt function activities									
2									
	527 exempt function activities								
3									
	line 17b								
4		n file Form 1120-POL for this year?			∐Yes ☑ No				
5		ses and employer identification num							
		onts. For each organization listed, of							
	the amount of political co	ontributions received that were pror	nptly and directly	delivered to a separate p	olitical organization, such				
	as a separate segregated	I fund or a political action committee	e (PAC). If addition	iai space is needed, provid	de information in Part IV.				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
				filing organization's funds if none, enter -0	contributions received and promptly and directly				
					delivered to a separate				
	f				political organization If none, enter -0-				
(1)		PO Box 255							
No	rth Carolina Families First	Raleigh, NC 27602	45-3626206	1,300,000	0				
(2)		2125 North Ave , 3rd Floor			_				
` Pe	ople's Action Fund	Chicago, IL 60647	26-2613701	10,000	0				
(3)		PO Box 27421							
Ad	vance North Carolina	Raleigh, NC 27611	47-2740671	15,000	0				
(4)		123 S Estes, Unit 2033 Chapel Hill,			_				
No	rth Carolina Latino Power	Chapel Hill, NC 27515	81-2248241	15,000	0				
(5)		1817 Central Ave , Ste 211							
Ac	tion NC	Charlotte, NC 28205	27-2050581	15,000	0				
(6)									

Pа	a	A	2

Pa	rt.II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
A	Check ► ☐ 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). Check ► ☐ If the filing organization checked box A and "limited control" provisions apply.										
В	Check ▶	☐ if the filing organization che	ovisions apply.								
		Limits on Lo (The term "expenditures")	(a) Filing organization's totals	(b) Affiliated group totals						
1	a Total I	obbying expenditures to influen									
		obbying expenditures to influen	•		•						
		obbying expenditures (add lines	- /								
		exempt purpose expenditures									
		exempt purpose expenditures (a									
	f Lobby colum	ring nontaxable amount. Ente	table in both								
	If the a	mount on line 1e, column (a) or (b)	t is:								
		er \$500,000		i							
	Over \$5	500,000 but not over \$1,000,000	over \$500,000.								
	Over \$	1,000,000 but not over \$1,500,000	over \$1,000,000.								
	Over \$	1,500,000 but not over \$17,000,000	ver \$1,500,000.								
	Over \$1	17,000,000									
	_	roots nontaxable amount (enter									
h Subtract line 1g from line 1a. If zero or less, 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 reporting section 4911 tax for this year?											
	(Son	ne organizations that made a s See ti	section 501(h) ele ne separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column	ns below.				
		Lobbyi	ng Expenditures	During 4-Year A	veraging Period	r					
	Cale	endar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total				
		beginning in)	• •]	RECEIVE	D IN CORRES	• •				
				OSC - 15	···						
2	a Lobby	ing nontaxable amount									
	h Lobby	ing colling amount	DEC DEC	1 6 2020 							
		ring ceiling amount of line 2a, column (e))									
	c Total I	obbying expenditures			OGD	EN, UTAH					
	d Grassi	roots nontaxable amount		·							
		roots ceiling amount of line 2d, column (e))									
	f Grassi	roots lobbying expenditures									

Part:	Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	ed l	Form	5768		
For 6	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
		es	No	A	moun	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, 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?	-				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
!	Other activities?					-
j	Total. Add lines 1c through 1i					
2a b	If "Yes," enter the amount of any tax incurred under section 4912	\dashv				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					-
. d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				-	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5	5), c	or se	ction		
	501(c)(6).				T./	T 88
_	101 I I I I I I I I I I I I I I I I I I			1	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			2		-
2 3	Did the organization make only in-house lobbying experientures of \$2,000 or less?				-	
Part	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 answered "Yes."	5), c (b)	or se Part	ction III-A,	line	3, is
1	Dues, assessments and similar amounts from members	.	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).	of				
а	Current year	.]	2a			
b	Carryover from last year	.	2b			
C	Total	.	2c 3			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the section of the sectio		3			
	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)		5			
Par						
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 instructions); and Part II-B, line 1. Also, complete this part for any additional information.	o list	t); Par	t II-A, I	ines '	l and
Make	North Carolina First sponsored educational activities and information dissemination to the citizens of North	Car	olina	The or	ganız	ation
also o	ontributed to organizations that promoted these issues	IN (COR	RES		
<u>a150 C</u>	ontributed to organizations trial promoted triese issues IRS - O	SC	- 15			
		6-7	2020	• • • • • • • • • • • • • • • • • • • •		
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Schedule C (For		Page 4
Part IV	Supplemental Information (continued)	
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SCHEDULE I (Form 990)

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

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

Employer Identification number ✓ Yes 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 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. 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 Part I

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do	mestic Organiz received more th	ations and Dom Ian \$5,000. Part	l estic Governm Il can be duplica	ents. Complete i ted if additional s	f the organization answ space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Action NC - 1817 Central Ave Ste 211, Charlotte, NC 28205	27-2050581	501(c)4	15,000	0	V/N	N/A	Education of Public on various social issues
(2) Advance North Carolina PO Box 27421, Raleigh, NC 27611	47-2740671	501(c)4	165,000	0	N/A	₹/N	Education of Public on various social issues
(3) People's Action -1920 W. Winona St., Apt 3, Chicago, IL 60640	26-2613701	501(c)4	10,000	0	N/A	A/N	Education of Public on various social issues
(4) Durham For All - 1803 Chapell Hill Rd , Ste D, Durham, NC 27707		501(c)4	22,000	0	Y/N	N/A	Education of Public on various social issues
(5) Lead NC PO Box 1323, Raleigh, NC 27602	81-3459495	501(c)4	190,000	0	Y/N	N/A	Education of Public on various social issues
(6) NC Citizens for Protecting our Schools PO Box 1093, Raleigh, NC 27602 4	nools 45-2294710	501(c)4	000'5/9	0	A/N (EX	N/A	Education of Public on various social issues
(7) North Carolina Families First PO Box 255, Raleigh, NC 27602	45-3626206	527	1,300,000	D	EĈEI IB	Ϋ́N	Education of Public on various social issues
(8) North Carolina Latino Power 123S Estes, Unit 2033, Chapel Hill 27515	81-2248241	501(c)4	000'09	EC I	VED S-Q	N/A	Education of Public on various social issues
(9) Progress North Carolina Action PO Box 945, Raleigh, NC 27602	45-2862217	501(c)4	000'008	6 20	V/N. SC to	N/A	Education of Public on various social issues
(10) Real Facts NC PO Box 806, Raleigh, NC 27602	27-3337837	501(c)4	235,000	20	V/N)RRE	N/A	Education of Public on various social issues
(11) Stop Deceptive Amendments PO Box 825, Raleigh, NC 27602	45-2294710	501(c)4	250,000	0	S) N/A	N/A ·	Education of Public on various social issues
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 501(c)(3) and gov	ernment organiza	tions listed in the l	ine 1 table			0

Schedule I (Form 990) (2018)

Cat. No. 50055P

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

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other)						
Schedule I (Form 990) (2018) Part III Grants and Other Assi Part III can be duplicate	(a) Type of grant or assistance	-	 3	4	9	9	7

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 2018

Open to Public

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

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

Open to Public Inspection

Employer identification number

Make North Carolina First 46-3981642 Types of Property Part I (d) (a) (b) Noncash contribution Method of determining Number of contributions or Check if amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art---Works of art Art-Historical treasures . . . 2 Art-Fractional interests . . . 3 Books and publications Clothing and household goods 6 Cars and other vehicles . . . 7 Boats and planes 8 Intellectual property 24,904 FMV - Liquidation of Stock Securities—Publicly traded . 9 10 Securities-Closely held stock . Securities - Partnership, LLC. 11 or trust interests 12 Securities-Miscellaneous . . Qualified conservation contribution-Historic structures Qualified conservation 14 contribution—Other . . Real estate-Residential . . . 15 Real estate-Commercial . 16 Real estate-Other 17 RECEIVED IN CORRES Collectibles 18 IRS - OSC - 15 19 Food inventory 20 Drugs and medical supplies . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts . . . 24 25 Other ► (_____) 26 Other ► (_____) 27 Other ► (_____) Other ▶ (28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Make North	Carolina First receives non cash contributions in the form of publically traded stock. These contributions are received into the
entity's bro	kerage account and immediately sold and converted to cash which is then transferred into the entity's bank account
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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.

2018

Employer identification number

Open to Public Inspection

OMB No 1545-0047

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

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

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 orga	nization'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	gh the State of North Carolina's
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	nization's address
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Schedule O (Form 990 or 990-EZ) (2018)	Page Z
Name of the organization	Employer identification number
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