Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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.

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For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1,271,015. including grants of \$ 4a (Code:) (Expenses \$) (Revenue \$ 15,000.) EDUCATIONNC PROVIDES NORTH CAROLINA WITH DATA, RESEARCH, NEWS, INFORMATION, AND ANALYSIS ABOUT THE MAJOR TRENDS, ISSUES, AND CHALLENGES FACING SCHOOLS. IT HAS BECOME THE STATE'S TRUSTED SOURCE OF INFORMATION ABOUT EDUCATION, BUILDING THE ARCHITECTURE FOR CITIZEN PARTICIPATION IN A STATEWIDE CONVERSATION ABOUT OUR STUDENTS, OUR SCHOOLS, AND OUR STATE. AS OF JUNE 30, 2018, EDUCATIONNC PUBLISHED 2,985 ARTICLES FEATURING 644 VOICES ACROSS ALL 100 NORTH CAROLINA COUNTIES. IT IMPLEMENTED AN INNOVATIVE MARKET ACQUISITION STRATEGY TO REACH ALL NORTH CAROLINIANS WITH 1,749,380 PAGEVIEWS STATEWIDE.) (Expenses \$ including grants of \$) (Revenue \$ 4b (Code: including grants of \$) (Revenue \$ **4c** (Code:) (Expenses \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e** Total program service expenses ► 1,271,015.

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Part IV **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," Х 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?........ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ 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.............. Χ 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, 5 Χ 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II........ Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ 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," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ 11b 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 Χ 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 Χ Χ e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?........... Χ 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 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 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 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ

Form 990 (2017)
Part IV Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		X
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		X
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		X
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		X
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
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		X
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			37
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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	27		Х
20	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Х	
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a	21	
D	Schedule L. Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>			
	Part I	31		Х
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		X
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		X
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with 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		X
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		X
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	X	

Form 990 (2017) Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Nο 22 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ 1c reportable gaming (gambling) winnings to prize winners? 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. . 2a X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O, 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 Χ **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 Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?................... 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 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 Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Sect	ion 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 20			
	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 18	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.		v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	X	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	0.5		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i>	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		,)	l.
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.		37
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Λ
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
h	with a taxable entity during the year?	104		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	`	, , , -	,
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record MEBANE RASH PO BOX 1636 RALEIGH, NC 27602	s: >		

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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 nor any related organization compensated any current officer, director, or trustee.

								<u> </u>	· ,	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	s pe	ition more rson	e than contract Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			W			ted				
(1)GERRY HANCOCK	5.00									
CHAIRMAN	0.	X		Х				0.	0.	0.
(2) FERREL GUILLORY	8.00	21		21				0.	0.	<u> </u>
VICE-CHAIRMAN	0.00	X		Х				0.	0.	0.
(3)DEBRA HORTON	3.00	21		21				0.	· ·	
SECRETARY	0.	X		Х				0.	0.	0.
(4)ANDREW HOLTON	4.00									
TREASURER	0.	X		Х				0.	0.	0.
(5)EDNA EARLE BLUE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(6)TOM BRADSHAW	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)J. B. BUXTON	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8)NEWELL CLARK	3.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)DR. ED CROOM	3.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10)JAMES FORD	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11)MAURICE GREEN	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12)SAM HOUSTON	1.00									
BOARD MEMBER	0.	Х						0.	0.	0 .
(13) TOM LAMBETH	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14)BOB ORR	1.00									
BOARD MEMBER	0.	X						0.	0.	0.

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20-5625322

Form 990 (2017)

EDUCATIONNC

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	ontinue	d)
(A) Name and title	Name and title Average hours per week (list any hours for week) Average hours per week (list any hours for week) Average hours per week (list any hours for week) Average hours per (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from related organizations				Reportable compensation from related organizations	Est ame comp	(F) imated bunt of ther ensation m the				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	nization related nizations
15) DR. SHIRLEY PRINCE	1.00										
BOARD MEMBER	0.	X						0.	0.		0
16) BRAD WILSON	1.00										
BOARD MEMBER	0.	X						0.	0.		0
17) LARRY WOOTEN	1.00										
BOARD MEMBER	0.	X						0.	0.		0
18) MEBANE RASH	40.00							100			
PRESIDENT/CEO	0.	X		X				128,750.	0.		0
19) ENGLISH SALL	1.00										0
BOARD MEMBER	0.	X						0.	0.		0
20) NANCY PEKAREK	1.00										0
BOARD MEMBER	1.00	X						0.	0.		0
21) KAYLA ROMERO	1.00							0.	0.		0
BOARD MEMBER 22) KEANA TRIPLETT	1.00	X						0.	0.		0
BOARD MEMBER	1.00	X						0.	0.		0
23) CHRIS WILLIAMS	3.00	21						0.	0.		
BOARD MEMBER	0.	X						0.	0.		0
24) RUSS CAMPBELL	1.00										
BOARD MEMBER	0.	Х						0.	0.		0
25) DONNELL CANNON	1.00										
BOARD MEMBER	0.	Х						0.	0.		0
1b Sub-total							•	0.	0.		0
c Total from continuation sheets to Part VII, S	ection A			• •			•	128,750.	85,445.		9,880
d Total (add lines 1b and 1c)					: :			128,750.	85,445.		9,880
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t						re	eceived more than	\$100,000 of		
											Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х
For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	ortab	ole d	com	per	nsatior	n ar	nd other compen	sation from the		
individual										4	X
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individual		
for services rendered to the organization? If "Y										5	X
Section B. Independent Contractors											
1 Complete this table for your five highest com	pensated i	ndene	ende	ent	con	tracto	rs t	hat received more	than \$100 000 c	f	

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

•		
(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

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EDUCATIONNC

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es,	and F	ligl	hest Compensat	ed Employ	yees (c	ontinued)		
(A) Name and title	(B) (C) Average hours per week (list any hours for hour			an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	Estin amou otl compe	F) nated unt of her ensation					
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	organ and r	n the ization elated izations		
26) NANCY R. ROSE	10.00													
ASST SEC./ASST TREAS.	40.00			Х				0.	85	,445.		9,880.		
	<u></u>													
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A						* * *							
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re	ceived more than	\$100,000	of				
3 Did the organization list any former office	or directo	r or	tri	icto	0	kov. o	mn	lovos or highest	compone	eatod	Y	es No		
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	lividu	ual							3	X		
4 For any individual listed on line 1a, is the sorganization and related organizations gre	eater than	\$15	0,0	00?	lf	"Yes	5," (complete Schedu	le J for	such		X		
individual	accrue co	mpen	satio	on f	fron	any	uni	related organization	on or indivi	idual	4			
for services rendered to the organization? If "Ye Section B. Independent Contractors	es, comple	te Scr	ieau	iie J	101	Sucri	per.	SON			5	X		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.														
(A) Name and business add	(A) (B) (C) Name and business address Description of services Compensation							tion						
Total number of independent contractors (ir more than \$100,000 in compensation from the contractors)				nited	d to	thos	e li	sted above) who	received					

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	ny line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	3,016,518.				
	h	Total. Add lines 1a-1f		3,016,518.			
ŭ			Business Code				
Program Service Revenue	2a b c	PROGRAM SERVICE FEES	900099	15,000.	15,000.		
ī	е						
Prog	f	All other program service revenue		15 000			
<u> </u>	3	Total. Add lines 2a-2f	nds, interest,	15,000.			
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
	6a b c d 7a	Gross rents	(ii) Personal	0.			
	c d	and sales expenses		0.			
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
U	С	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code	0.			
	11a	MISCELLANEOUS	900099	2,886.	2,886.		
	b						
	C						
	d	All other revenue					
		Total. Add lines 11a-11d		2,886.			
	12	Total revenue. See instructions.		3,034,404.	17,886.		
				-,001,101.	1.,000.		

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, 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	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	142,500.	98,563.	28,500.	15,437.
6	Compensation not included above, to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	392,500.	386,875.		5,625.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	44,145.	40,204.	2,283.	1,658.
11	Fees for services (non-employees):				
а	Management	0.			
	Legal	2,175.		2,175.	
C	Accounting	350.		350.	
d	I Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17.	0.			
1	f Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	400 106	460.006	0.5.0	20 260
	(A) amount, list line 11g expenses on Schedule O.) ATCH 3	498,106.	468,996.	850.	28,260.
	Advertising and promotion	0. 6,903.	4 900	1 500	513.
	Office expenses	59,422.	4,890. 54,029.	1,500.	5,014.
	Information technology	0.	34,027.	317.	3,014.
	Royalties	14,100.	14,100.		
	Occupancy	36,245.	35,936.	225.	84.
	Payments of travel or entertainment expenses	30,2101	3372331	2201	
. 5	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	93,255.	81,997.	11,203.	55.
	Interest	0.	-		
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	39,748.	36,553.	1,505.	1,690.
	Insurance	10,094.	7,031.	2,738.	325.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
-	MEDIA ENGAGEMENT	31,238.	30,888.	350.	
b	MISCELLANEOUS	11,324.	10,953.	275.	96.
C	:				
d					
	All other expenses	1 200 105	1 071 015	F0 333	FO 757
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,382,105.	1,271,015.	52,333.	58,757.
۷2	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

1	(B) nd of year
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 71,541. 9,002. 10c 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 10. 14 15 Other assets. See Part IV, line 11 10. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17, 204. 17 18 Grants payable 19 Deferred revenue 10. 19 20 Tax-exempt bond liabilities 10. 21	
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 139,619. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 10 14 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17, 204. 17 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Escrow or custodial account liability. Complete Part IV of Schedule D 25 Investments - outsidial account liability. Complete Part IV of Schedule D 26 Investments - outsidial account liability. Complete Part IV of Schedule D 3 Investments - outsidial account liability. Complete Part IV of Schedule D 3 Investments - outsidial account liability. Complete Part IV of Schedule D 3 Investments - outside in turn of Schedule D 3 Investments - outside in turn of Schedule D 4 Intangible and Investments - outside in turn of Schedule D 5 Investments - outside in turn of Schedule D 6 Investments - outside in turn of Schedule D 7 Investments - outside	,151,057.
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5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Deferred revenue 10 Investment bond liabilities 10 Investment bond liab	0.
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14 Intangible assets 0 . 14 15 Other assets. See Part IV, line 11 0 . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 433,504 . 16 2 7,204 . 17 18 Grants payable 0 . 18 19 Deferred revenue 0 . 19 20 Tax-exempt bond liabilities 0 . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 . 21	0.
15 Other assets. See Part IV, line 11 0. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 433,504. 16 17 Accounts payable and accrued expenses 7,204. 17 18 Grants payable 0. 18 19 Deferred revenue 0. 19 20 Tax-exempt bond liabilities 0. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21	0.
15 Other assets. See Part IV, line 11 0. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 433,504. 16 17 Accounts payable and accrued expenses 7,204. 17 18 Grants payable 0. 18 19 Deferred revenue 0. 19 20 Tax-exempt bond liabilities 0. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21	0.
17Accounts payable and accrued expenses7,204. 1718Grants payable0. 1819Deferred revenue0. 1920Tax-exempt bond liabilities0. 2021Escrow or custodial account liability. Complete Part IV of Schedule D0. 21	1,600.
18 Grants payable 0 . 18 19 Deferred revenue 0 . 19 20 Tax-exempt bond liabilities 0 . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 . 21	,085,735.
19 Deferred revenue 10 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Octanto payable 0. 19 Octanto payable 0. 20 Octanto payable 0. 19 Octanto payable 0. 21 Octanto payable 0. 19 Octanto payable 0. 20 Octanto payable 0. 21 Octanto payable 0. 22 Octanto payable 0. 22 Octanto payable 0. 22 Octanto payable 0. 22 Octanto payable 0. 24 Octanto payable 0. 25 Octanto payable 0. 26 Octanto payable 0. 27 Octanto payable 0. 27 Octanto payable 0. 28 Octanto payable 0. 20 Octanto payable	886.
20 Tax-exempt bond liabilities 0. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21	0.
20 Tax-exempt bond liabilities 0. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21	0.
	0.
g 22 Loans and other payables to current and former officers, directors,	0.
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	
disqualified persons. Complete Part II of Schedule L 0. 22	0.
23 Secured mortgages and notes payable to unrelated tillid parties	0.
24 Unsecured notes and loans payable to unrelated third parties	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	0
of Schedule D	0.
26 Total liabilities. Add lines 17 through 25	886.
Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.	
E 27 Unrestricted net assets 16,817. 27	107,024.
28 Temporarily restricted net assets 409,483. 28 1	,977,825.
29 Permanently restricted net assets	0.
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 26 Lines 27 through 29, and lines 33 and 34. 16,817. 27 409,483. 28 1 17 and complete lines 30 through 34. 29 Permanently restricted net assets O. 29 29 and complete lines 30 through 34. 20 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances	
30 Capital stock or trust principal, or current funds	
31 Paid-in or capital surplus, or land, building, or equipment fund	
32 Retained earnings, endowment, accumulated income, or other funds	
	,084,849.
34 Total liabilities and net assets/fund balances 433,504. 34	,085,735.

Page **12** Form 990 (2017)

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		3,0	34,4	104.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,3	82,1	.05.		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,6	52,2	299.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	26,3	300.		
5	Net unrealized gains (losses) on investments	5		0.				
6								
7	7 Investment expenses							
8								
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		2,0	84,8	349.		
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: CashX Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a					
	separate basis, consolidated basis, or both:							
	Separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	oversi	ight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in					
	the Single Audit Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the	eorganization	Employer identification number
EDUCAT	IONNC	20-5625322
Part I	Reason for Public Charity Status (All organizations must complete this part.) Se	e instructions

га		iveason for 1 upile cha	• •			<u>'</u> _		'•
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	Щ	A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to	for the benefit of	a college or universit	v owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C		5	,		, 5	
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170	(b)(1)(A)(v).	
7	X	An organization that norma	J			,	, , , , , , ,	om the general nublic
•	21	described in section 170(b)	-	•	pport iii	om a go	vorminomai anii or m	on the general public
8		A community trust describe			Dart II \			
9		An agricultural research org	-		-		t in conjunction with a	land-grant college
Э			=			-	-	-
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	Title college of
		university:				,		. ,
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization of a pragnization organization organization.	ted to its exempt finent income and union after June 30, 1	functions - subject to on the subject to one of the subject to sub	certain e able inco (a)(2). (0	exception ome (les Complete	ns, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 %of its
11		An organization organized	•					ann and the numeroon
12		An organization organized		•	-			
		of one or more publicly su						
		Check the box in lines 12a t	=				•	_
а		☐ Type I. A supporting orga	•				• • • • • • • • • • • • • • • • • • • •	
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
		_ supporting organization. `	You must complet	e Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	organization vested in	the sam	e persor	ns that control or man	age the supported
	_	_ organization(s). You must	complete Part IV	, Sections A and C.				
С		Type III functionally integ	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functional	lly integrated with,
		its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally						ted organization(s)
		that is not functionally into			-			
		requirement (see instruct	-	-	-		•	
е		Check this box if the orga		-				I Type III
·		functionally integrated, or						i, 1900 iii
f	Fn	ter the number of supported	* *			-	iion.	
		ovide the following information	•					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	arrie or supported organization	(11) = 111	(described on lines 1-10		ur governing		other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							
. 510								

Schedule A (Form 990 or 990-EZ) 2017

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	466,146.	552,496.	781,042.	3,016,518.	4,816,202.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3		466,146.	552,496.	781,042.	3,016,518.	4,816,202.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)						1,864,804.
	tion B. Total Support						2,951,398.
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(4) 20.0	466,146.	552,496.	781,042.	3,016,518.	4,816,202.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		100,110.	332,490.	701,042.	3,010,310.	0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						4,816,202.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	82,417.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup			4.4 1 (0)		4.4	61.28%
14	Public support percentage for 2017 (lin		-			14	49.59%
15	Public support percentage from 2016					15	
ıva	331/3% support test - 2017. If the org box and stop here. The organization qu						
h	331/3% support test - 2016. If the organization qu						
D	this box and stop here. The organization	,					
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t					•	•
	organization			•			
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	-					
	Explain in Part VI how the organization						-
	supported organization				_		
18	Private foundation. If the organization						_ _
	instructions	<u>.</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	▶ □

Schedule A (Form 990 or 990-EZ) 2017 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sac	tion A. Public Support				•	,	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2014	(6) 2013	(u) 2010	(6) 2017	(i) rotai
1							
2	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		41.004.4	1.0045	(1) 0040	() 0047	(0 T)
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6.						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	•					` ` ` ` _
	organization, check this box and stop here .						▶ 🔃
Sec	tion C. Computation of Public Supp	ort Percenta	ige				
15	Public support percentage for 2017 (line 8,	column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2016 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	l Income Perd	centage				
17	Investment income percentage for 2017 (lin	ne 10c, column ((f) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org					re than 331/3%,	and line
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2016. If the orga		_				
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		•				

Schedule A (Form 990 or 990-EZ) 2017 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

20-5625322

Page 5 Schedule A (Form 990 or 990-EZ) 2017

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				- 3
Part l	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
	7 2 3 pp - 2 app - 1		Yes	No
1	Did the directors, trustoce, or membership of one or more supported organizations have the newer to			
'	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Soction	on C. Type II Supporting Organizations	2		
Section	on C. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the experiencian provide to each of its supported experiencians by the local day of the fifth month of the		Yes	No
'	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		- (! \	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	Yes	
2	Activities Test. Answer (a) and (b) below.		163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b		
	or its supported organizations: if Tes, describe in Fait VI the Fole played by the organization in this regard.	<u> </u>		

Schedule A (Form 990 or 990-EZ) 2017 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s		
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organization	-		•	
(B) Currer				
Section A - Adjusted Net Income		(A) Prior Year	(optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year	
		(A) I Hol Teal	(optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see	
instructions).			,	

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
,	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

► 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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

EDI	JCATIONNC		20-5625322
Pa	rt I Organizations Maintaining Donor Advis		or Accounts.
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
	Total combined to defense	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	advicers in writing that the assets hall	d in donor advised
5	funds are the organization's property, subject to the	_	
6	Did the organization inform all grantees, donors, a	-	
U	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre	eation or education) Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	inated by the organization during the
	tax year		
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg		-
•	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing co	onservation easements during the year
7	Amount of our anger incorred in manitoring incores	ing bandling of violations and autoraina	
7	Amount of expenses incurred in monitoring, inspecti	ing, nandling of violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line 2	(d) above eatisfy the requirements of sec	etion 170(h)(4)(R)(i)
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemer	•	
Pa	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF.	AS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	r assets held for public exhibition, ec	lucation, or research in furtherance of
b	If the organization elected, as permitted under S		
D	works of art, historical treasures, or other simila		
	public service, provide the following amounts relatir	ng to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1.		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		
	following amounts required to be reported under SF		ns:
а	Revenue included on Form 990, Part VIII, line 1		▶ \$

Assets included in Form 990, Part X . . .

Schedule D (Form 990) 2017 Page 2

Par	t III Organizations Maintainir											
3	Using the organization's acquisition	n, accession,	and c	other recor	ds, checl	k any c	of the	follow	ring that are a	signi	ficant us	e of its
	collection items (check all that app	ly):			_							
а	Public exhibition			d		or excha						
b	Scholarly research			e	Other							
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's colle	ections	and expla	ain how t	they fur	rther	the or	ganization's ex	empt	purpose	in Part
	XIII.											
5	During the year, did the organization										_	
	assets to be sold to raise funds rath			ained as pa	ert of the o	organiz	ation'	s colle	ction?		Yes	No
Par	art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1 a	Is the organization an agent, truste	e, custodian	or othe	er intermed	liary for c	ontribu	tions	or othe	r assets not		_	
	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement i											
									Amou	ınt		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
	Did the organization include an am								•		Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Ch	eck he	ere if the e	xplanation	has be	en pr	ovided	on Part XIII			
Par			-1 "\/	."	- 000 D			0				
	Complete if the organizat								(n =	. 1		
		(a) Current y	ear	(b) Prio	or year	(c) Tw	o year	s back	(d) Three years b	ack	(e) Four ye	ears back
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage				e (line 1g,	column	າ (a))	held as	:			
a	Board designated or quasi-endown	nent		_%								
	Permanent endowment	%	0/									
С	Temporarily restricted endowment		%	1000/								
2 -	The percentages on lines 2a, 2b, a Are there endowment funds not in				stion that	ara hal	d c==	٠. ماسم :	siotorod for the			
3a		the possession	וו טו נו	ie organiza	ation that	are nei	u and	admii	istered for the		V	es No
	organization by: (i) unrelated organizations										3a(i)	- 110
	(ii) related organizations									• •	3a(ii)	
h	If "Yes" on line 3a(ii), are the relate									• •	3b	
4	Describe in Part XIII the intended u	0		•						• •	35	
Par												
ı aı	Complete if the organiza	tion answere	d "Ye	s" on Fori	m 990, P	art IV,	line	11a. S	ee Form 990	, Part	X, line	10.
	Description of property	(a)	Cost or (invest	other basis	(b) Cost o	or other ba	asis		cumulated eciation	(d)	Book value	9
1a	Land		\		(0	,		аорі				
b	Buildings											
С	Leasehold improvements											
d	Equipment				1	139,61	19.		71,541.		68	3,078.
е	Other					· ·						<u>·</u> _
Tota	I. Add lines 1a through 1e. (Column		al Forn	n 990, Part	X, columi	n (B), lir	ne 10	c.)	▶		68	3,078.

20-5625322

EDUCATIONNC

Schedule D (Form 990) 2017			Page
Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financi	ial derivatives			
	/-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		I		
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11c. See Form 990.	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	
	(a) Bosonphon of invocations	(D) Dook value	Cost or end-of-year mark	
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) I	line 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book valu	Je	
	ral income taxes	(b) Book vale		
(2)	Tal illocitic taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	man /h) mayot ogyol F 000 D/ / //DVI 05-1			
ı otal. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 25.)			

Schedule D (Form 990) 2017 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	3,034,404.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	2 024 404
3	Subtract line 2e from line 1	3	3,034,404.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)	4c	
С 5	Add lines 4a and 4b	5	3,034,404.
Part		_	3,031,101.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,382,105.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	1 200 105
3	Subtract line 2e from line 1	3	1,382,105.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	1 200 105
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,382,105.
	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part	art V li	ne 4: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SCHE	DULE D, PART X, LINE 2		
001111	JOHN DY TIME MY LIME L		
LIAB	ILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740): THE		
ORGAI	NIZATION IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE		
SECT	ION 501(C)(3) AND APPLICABLE STATE STATUTES ON ITS EXEMPT FUNCTION		
INCO	ME AND IS CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION. THERE WAS		
NO UI	NRELATED BUSINESS INCOME FOR 2018 AND 2017.		

 Schedule D (Form 990) 2017
 EDUCATIONNC
 20-5625322
 Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2017

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

►Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Employer identification number Name of the organization EDUCATIONNC 20-5625322 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (i) Written (f) Balance due (g) In default? (h) Approved (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No No (1) (2) (3)(4)(5)(6)(7)(8)(9)(10)Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2)(3)(4)(5) (6) (7)

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

Schedule L (Form 990 or 990-EZ) 2017

(8) (9) (10)

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FERREL GUILLORY	BOARD MEMBER	35,750.	PMT FOR WRITING & EDITING SVCS		Х
(2) IMPACT THREAD	ENTITY RELATED TO BD MBR	21,500.	PMT FOR ANALYTICS CONSULTING		Х
(3) HUNTER BUXTON	WIFE OF BOARD MEMBER	15,000.	PMT FOR FIRST VOTE NC SERVICES		Х
_(4)					
_ (5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EDUCATIONNC

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Employer identification number

20-5625322

PART VI, LINE 11B

FORM 990 REVIEW PROCESS:

THE ACCOUNTING FIRM SUBMITS A DRAFT TAX RETURN TO THE CEO AND CHAIR OF THE BOARD, WHO REVIEW THE DRAFT AND PREPARE COMMENTS AND QUESTIONS FOR THE FIRM. AFTER THE COMMENTS AND QUESTIONS ARE ANSWERED AND RESOLVED, THE RETURN IS FINALIZED BY THE ACCOUNTING FIRM. A COPY IS SENT TO THE BOARD OF DIRECTORS FOR REVIEW, COMMENTS, AND QUESTIONS. THE BOARD APPROVES THE FINAL FORM 990 WHICH IS THEN SUBMITTED TO THE IRS.

PART VI, LINE 12C

PROCESS FOR MONITORING CONFLICT OF INTEREST POLICY:

EACH MEMBER OF THE BOARD OF DIRECTORS IS ASKED TO SIGN A CONFLICT OF

INTEREST DISCLOSURE FORM AT THE BEGINNING OF HIS/HER TERM. THE CONFLICT

OF INTEREST STATEMENTS ARE SIGNED AGAIN AT THE FIRST BOARD MEETING OF

EACH FISCAL YEAR.

PART VI, LINE 19

MAKING INFORMATION AVAILABLE TO THE PUBLIC:

THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND FORM 990 TAX

RETURN AVAILABLE ON ITS WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF

INTEREST POLICY ARE AVAILABLE UPON REQUEST TO THE CEO. THE FORM 990 TAX

RETURN IS ALSO AVAILABLE ON GUIDESTAR'S WEBSITE.

Name of the organization Employer identification number 20-5625322

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

EDUCATIONNC WORKS TO EXPAND EDUCATIONAL OPPORTUNITIES FOR ALL

CHILDREN IN NORTH CAROLINA, INCREASE THEIR ACADEMIC ATTAINMENT, AND

IMPROVE THE PERFORMANCE OF THE STATE'S PUBLIC SCHOOLS. EDNC PROVIDES

CITIZENS AND POLICYMAKERS WITH NONPARTISAN DATA, RESEARCH, NEWS,

INFORMATION, AND ANALYSIS ABOUT THE MAJOR TRENDS, ISSUES, AND

CHALLENGES BEARING ON EDUCATION. EDNC GATHERS AND DISSEMINATES

INFORMATION EMPLOYING THE MOST EFFECTIVE MEANS OF COMMUNICATION,

PRIMARILY THROUGH THE INTERNET. IN ADDITION TO THE CONTENT

DISTRIBUTED, EDNC ENCOURAGES AN ACTIVE AND CONNECTED COMMUNITY OF

THOSE INTERESTED IN EDUCATION POLICY AND PRACTICE THROUGHOUT THE

STATE, BUILDING AN ARCHITECTURE FOR PARTICIPATION IN CONVERSATION

ABOUT OUR STUDENTS, STATE, AND FUTURE. THE WORK OF EDNC ENCOURAGES

INFORMED CITIZEN PARTICIPATION AND STRONG LEADERSHIP ON BEHALF OF THE

SCHOOL CHILDREN OF NORTH CAROLINA.

ATTACHMENT	2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

CITYZEN SOLUTIONS, INC. 16 W MARTIN ST.

RALEIGH, NC 27601

SOFTWARE & MARKETING

162,676.

ATTACHMENT 3

Name of the organization			Employer identific	ation number
EDUCATIONNC			20-5625	322
			ATTACHMENT	3 (CONT'D)
FORM 990, PART IX - OTHER FEES		-		
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONTRACTED SERVICES	498,106.	468,996.	850.	28,260.

498,106. 468,996.

850.

28,260.

TOTALS

EDUCATIONNC

20-5625322

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

EDUCATIONNC

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

OMB No. 1545-0047	2017
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Open to Public

Employer identification number

20-5625322

(g)
Section 512(b)(13)
controlled
entity? Schedule R (Form 990) 2017 (f) Direct controlling ž × entity Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f) Direct controlling (e) End-of-year assets N/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income _ (d)
Exempt Code section (c)
Legal domicile (state
or foreign country) 501(C)(3) Legal domicile (state or foreign country) (b)
Primary activity <u>ပ</u> NCPrimary activity RESEARCH 56-1162341 (a) Name, address, and EIN (if applicable) of disregarded entity For Paperwork Reduction Act Notice, see the Instructions for Form 990. RALEIGH, NC 27602 (a) (an eddress, and EIN of related organization (1) NC CENTER FOR PUBLIC POLICY RESEARCH INC PO BOX 430 Part II (5) 4 (9) 2 3 4 Ξ 3 (5) (2) 9 5

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Part III

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Section 512(b)(13) controlled entity? Yes No Schedule R (Form 990) 2017 **(k)** Percentage ownership (h) Percentage (j) General or Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Yes No managing partner? Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34. because it had one or more related organizations treated as a partnership during the tax year. (g) Share of end-of-year assets (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h)
Disproportionate
allocations? Ŷ Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) line 34, because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c)
Legal domicile
(state or foreign (b) Primary activity (d) Direct controlling (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN of related organization Part IV (3) 5 Ξ (2) 3 4 Ξ 2 4 (5) 9 9 9 5

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	more related organizations li	sted in Parts II-IV?			
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a	\bowtie
			-	1b	×
c Gift. grant. or capital contribution from related organization(s)			-	10	×
				1d	×
				1e	×
f Dividends from related organization(s).				1ŧ	
a Sale of assets to related organization(s).				1g	×
			_	1h	×
i Exchange of assets with related organization(s).				1i	×
j Lease of facilities, equipment, or other assets to related organization(s),				1j	×
k Lease of facilities, equipment, or other assets from related organization(s)			_	1k	×
1 Performance of services or membership or fundraising solicitations for related organization(s)				=	×
m Performance of services or membership or fundraising solicitations by related organization(s).			-	1m	×
				1n	×
			_	10	×
			:)	
p Reimbursement paid to related organization(s) for expenses.	-	-		1p	×
			-	19	×
				•	
r Other transfer of cash or property to related organization(s)				+	×
				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	plete this line, including cov	ered relationships and transa	action thresh	olds.	
(a)	(a)	(c)	3)		
Name of felated organization	ransaction type (a-s)	Amount Involved	Method of determining amount involved	aetermir involvec	guic K
(1)					
(2)					
(3)					
(4)					
(9)					
(9)					
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (d) (e) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UB1 amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes	No	Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.