Department of the Treasury Internal Revenue Service

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

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

A F	or the	2020 calendar year, or tax year beginning $JUL 1$, 2020 and en	nding J	UN 30, 2021	
B c	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addres	EDUCATIONNC			
	Name change	Doing business as		20-56253	22
	_return □Final	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1636	oom/suite	E Telephone number 919-539-	
	Jreturn/ termin- ated			G Gross receipts \$	1,459,576.
	Amend return			H(a) Is this a group re	
	Applica				? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
II	ax-exe	mpt status: X 501(c)(3)	527	1	list. See instructions
		e: ▶ WWW.EDNC.ORG		H(c) Group exemptio	n number 🕨
		organization: X Corporation Trust Association Other	L Year o		M State of legal domicile: NC
		Summary			
•		Briefly describe the organization's mission or most significant activities: EDUCAT			
Activities & Governance]	EDUCATIONAL OPPORTUNITIES FOR ALL CHILDREN	I IN N	C, INCREASE	THEIR
rna	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	
ove.				3	26
ত প্ৰ		Number of independent voting members of the governing body (Part VI, line 1b) $$			25
es		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			15
ΞΞ		Total number of volunteers (estimate if necessary)			25
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
		Contributions and sweets (Post VIII line 41)		Prior Year 2,864,123.	Current Year 1,455,714.
ne		Contributions and grants (Part VIII, line 1h)		33,000.	1,000.
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,598.	2,862.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,899,721.	1,459,576.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,158,886.	1,203,026.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25) 76,633	3.		
û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		960,230.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,119,116.	1,973,819.
	19	Revenue less expenses. Subtract line 18 from line 12		780,605.	-514,243.
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year
ssets	20	Total assets (Part X, line 16)		3,169,671.	2,459,510.
ot As	21	Total liabilities (Part X, line 26)		222,569.	26,651.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		2,947,102.	2,432,859.
			and atatama	nto and to the heat of my	/ Impulades and balish it is
		ties of perjury, I declare that I have examined this return, including accompanying schedules and it, and complete. Declaration of preparer (other than officer) is based on all information of which			Kilowieuge aliu bellei, it is
uue,	COLLECT	, and complete. Declaration of preparer (other than officer) is based on all information of which	ii preparer i	lias any knowledge.	
Sign	.	Signature of officer		L Date	
Her		MEBANE RASH, PRESIDENT/CEO			
1101		Type or print name and title			
		Print/Type preparer's name Preparer's signature 1 1 A 17	D	Date Check	PTIN
Paid	b	DAWN O. WHITT	;	5/16/22 if self-employ	P02352669
Prep		Firm's name BATCHELOR, TILLERY & ROBERTS, LLP)		56-1750124
Use		Firm's address 3605 GLENWOOD AVENUE, SUITE 350			
_		RALEIGH, NC 27612		Phone no. 91	9-787-8212
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

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Part III | Statement of Program Service Accomplishments

Га	Objective to the Control of the Cont	X
_	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission: EDUCANTONIA MORKS NO EXPAND EDUCANTONIA OPPORTUNITATES FOR ALL	
	EDUCATIONNC WORKS TO EXPAND EDUCATIONAL OPPORTUNITIES FOR ALL	7 NTD
	CHILDREN IN NORTH CAROLINA, INCREASE THEIR ACADEMIC ATTAINMENT,	
	IMPROVE THE PERFORMANCE OF THE STATE'S PUBLIC SCHOOLS. EDNC PRO	
	CITIZENS AND POLICYMAKERS WITH NONPARTISAN DATA, RESEARCH, NEWS	<i>'</i>
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	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?	Yes X No
	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 e	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expension of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expension of the section of the sec	penses, and
	revenue, if any, for each program service reported.	1 000
4a	(Code:) (Expenses \$1,686,503. including grants of \$) (Revenue \$)	<u> 1,000.</u>)
	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, 2021,	
	EDUCATIONNC PUBLISHED 6,117 ARTICLES FEATURING 1,114 VOICES ACRO	
	ALL 100 NORTH CAROLINA COUNTIES. IT IMPLEMENTED AN INNOVATIVE M	
	ACQUISITION STRATEGY TO REACH ALL NORTH CAROLINIANS WITH 2,244,	485
	PAGEVIEWS STATEWIDE.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	`
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,686,503.)
<u>4e</u>	Total program service expenses ► 1,686,503.	Form 990 (2020)
		FUITH 555 (2020)

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Form 990 (2020) EDUCATIONNC 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," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	140		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		- v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
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		<u> </u>
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

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Pal	rt IV Checklist of Required Schedules (continued)		ı	_
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			,,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		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		l	
	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			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?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
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? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
UZ.	•	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. 02		
33	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	33		+
34		24	х	
25.0	Part V, line 1	- 1	- 22	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	- 1		+-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1 37
	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 rt V Statements Regarding Other IRS Filings and Tax Compliance	. 38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			لــــا
			Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter .0. if not applicable	38		

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	38			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			4.	Y	

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Form 990 (2020) EDUCATIONNC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	•			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	t)?	4a		X
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 Ac	ccoun	ts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			C -		х
L	any contributions that were not tax deductible as charitable contributions?			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions and the deductible?		giits	6h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the navor?	7a		Х
	If ID Con II all all the annual control is a market the advance of the control of the annual control of the an		Tovided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	1	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	. د د ا	I			
	Gross income from members or shareholders	11a				
а	Gross income from other sources (Do not net amounts due or paid to other sources against	146				
1 2 2	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	j	.za		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		_			
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		_X_
	If "Yes," complete Form 4720, Schedule O.					

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

tall Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the poverning body delegate broad autinotify to an executive committee or discovered to the poverning body, or if the poverning body delegate broad autinotify to an executive committee or discovered to the poverning body, or if the poverning body delegate broad autinotify to an executive committee or discovered to the poverning body or the presence of the poverning body and or discovered to the poverning body or the presence of the poverning body or the presence of the poverning body or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 3 Did the organization delegate control over management deless customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management company or other person? 3 Did the organization delegate control over management company or other person? 4 X X 5 Did the organization become aware during the year of a significant diversion of the organization sassets? 5 Did the organization have members, stockholiders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholiders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholiders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholiders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholiders, or other persons of the power than the power to the power to elect or appoint one or power to the power to the power to power to power to the power to power to power to power to power	<u> </u>	· · · · · · · · · · · · · · · · · · ·					X
these are unknet of voting members of the governing body at the end of the tax year If these are market differences in voting rights among members of the governing body, of the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Better the number of voting members included on line 1s, above, who are independent of the committee, or key employee have a family relationship or a business relationship with any other officers, directors, inustees, or key employees have a family relationship or a business relationship with any other officers, directors, inustees, or key employees to a management durine customarily performed by or under the direct supervision of officers, directors, inustees, or key employees to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization contemporareously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization or amiling addresser? If Years a crossic the manus and addressess on Exhedule O 9 Yes No 10a Did the organization have written politics and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? 10b If Yes, 4 did the	Sec	tion A. Governing Body and Management					I
If there are material differences in voting rights among members of the governing body, or if the governing body deligated tornal authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent			1 1	ا م م ا		Yes	No
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11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization Information in joint venture arrangement with a taxable entity during the year? b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15 List the states with which a copy of this Form 990 is required to be filed Monagement of the process of the organization to interest policy, and financial statements available to the public during the tax year. 16 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these av	b		napters, affiliates,				
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MEBANE RASH - 919-539-4851	20		oks and records I	•			

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

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

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

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

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

See instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			nne.	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson is	s both	n an	compensation	compensation	amount of
	week		cer an	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		9.	Suedi		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tional		yoldı	t con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARGARET M. RASH	40.00	_	_		_	1 0				
PRESIDENT/CEO	10.00	Х		Х				175,000.	0.	0.
(2) NATION HAHN	40.00									
CHIEF GROWTH OFFICER	10.00					Х		137,500.	0.	0.
(3) NANCY ROSE	10.00									
ASST. SEC./ASST. TREASURER	40.00			Х				103,400.	0.	0.
(4) MOLLY E. OSBORNE	10.00									
DIRECTOR OF POLICY	40.00					X		102,500.	0.	0.
(5) FERREL GUILLORY	8.00									
VICE CHAIR, BOARD OF DIRE		Х		Х				0.	0.	0.
(6) GERRY HANCOCK	5.00								_	_
CHAIR, BOARD OF DIRECTORS		Х		Х				0.	0.	0.
(7) ANDREW HOLTON	4.00									
TREASURER/SECRETARY		Х		Х				0.	0.	0.
(8) DEBRA HORTON	1.00									
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
(9) TOM BRADSHAW	1.00								_	_
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
(10) RUSS CAMPBELL	1.00								_	_
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
(11) DONNELL CANNON	1.00								_	_
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
(12) NEWELL CLARK	3.00								_	_
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
(13) MAURICE GREEN	1.00								_	_
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
(14) TRACEY GREENE-WASHINGTON	1.00								_	_
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
(15) SAM HOUSTON	1.00									
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
(16) STEVE LASSITER	1.00									
MEMBER, BOARD OF DIRECTORS	1	Х						0.	0.	0.
(17) FREEBIRD MCKINNEY	1.00	.							_	_
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
032007 12-23-20										Form 990 (2020)

Form **990** (2020)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A)	(B)			((giici	<u> </u>	(D)	(E)			(F)	
	Average			Pos		ı		` '					
Name and title	hours per		not c	heck i	more	than		Reportable compensation	Reportable compensation	า		stimate nount (
	week		cer ar					from	from related			other	01
	(list any	ctor						the	organizations	;	com	pensa	tion
	hours for	r dire				ted		organization	(W-2/1099-MIS	C)	fr	om the	Э
	related	stee o	ruste			eusa		(W-2/1099-MISC)				anizati	
	organizations	al trus	onal t		loyee	comp						d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				orga	anizatio	ons
(18) PATRICK MILLER	1.00	트	트	ō	포	三五	프						
MEMBER, BOARD OF DIRECTORS		x						0.		0.			0.
(19) NANCY PEKAREK	1.00	<u> </u>											
MEMBER, BOARD OF DIRECTORS		x						0.		0.			0.
(20) SHIRLEY PRINCE	1.00	T											
MEMBER, BOARD OF DIRECTORS		x						0.		0.			0.
(21) KAYLA MORAIS	1.00	 											
MEMBER, BOARD OF DIRECTORS		х						0.		0.			0.
(22) CHRIS WILLIAM	3.00	 											
MEMBER, BOARD OF DIRECTORS		х						0.		0.			0.
(23) EMILY FRANCIS	1.00	<u> </u>											
MEMBER, BOARD OF DIRECTORS	1,00	х						0.		0.			0.
(24) SONJA GANTT	1.00									-			
MEMBER, BOARD OF DIRECTORS		Х						0.		0.			0.
(25) D. CRAIG HORN	1.00												
MEMBER, BOARD OF DIRECTORS		Х						0.		0.			0.
(26) ANTHONY D. JACKSON	1.00												
MEMBER, BOARD OF DIRECTORS		Х						0.		0.			0.
1b Subtotal							▶	518,400.		0.			0.
c Total from continuation sheets to Part VI	l, Section A						ightharpoonup	0.		0.			0.
d Total (add lines 1b and 1c)								518,400.		0.			0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable				
compensation from the organization													4
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, ł	кеу е	empl	oye	e, or	hig	phest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for si											3		<u> </u>
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a									lual for services		_		37
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch r	oers	on					5		Х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mnonostad inc	4000	. n d o	ot o.c	+	o o t o	ام +ا	hat reasined mare than t	100 000 of comp	0000	tion fu		
1 Complete this table for your five highest countries the organization. Report compensation for the organization.	•	•								ensa	LIOITII	וווכ	
(A)	ine calendar y	carc	JII GII	ig w	1011	J1 VV		(B)	Jai.		((:)	
Name and business	address	N	INC	3				Description of s	ervices	C		nsatior	า
			•										
2 Total number of independent contractors (in \$100,000 of componentian from the organic	•	ot lir	nited	to t	thos <i>)</i>	_	ted	above) who received mo	ore than				

100,000 of compensation from the organization ► U
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

Form 990 EDUCATIONNC 20-5625322

Form 990 EDUCATIO	MMC								20-562	J J Z Z
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average			(0	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	all Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) MARIAH MORRIS MEMBER, BOARD OF DIRECTORS	1.00	Х						0.	0.	0
(28) YONA WADE	1.00									
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0
(29) BRAD WILSON MEMBER, BOARD OF DIRECTORS	1.00	Х						0.	0.	0
(30) JENNIFER HAYGOOD	1.00								<u> </u>	
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	C
(31) VIRGINIA DRESCHER ASST. SEC./ASST. TREASURER	0.00			х				0.	0.	(

20-5625322 Page **9**

Pa	πν	Ш	Statement of Rev	venu	ie						_
			Check if Schedule O	contai	ns a respo	nse	or note to any lin				
								(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue		business revenue	1
									, and an		sections 512 - 514
इ इ	1	а	Federated campaigns		1a						
, Gifts, Grants Jilar Amounts		b	Membership dues		1b						
Ē,		С	Fundraising events								
ifts ar A											
Contributions, Giff and Other Similar			Government grants (contri				169,800.				
ons			All other contributions, gifts,		′ —		,				
uti		•	similar amounts not included			1.	285,914.				
d t		~	Noncash contributions included in I								
ou		9 h						1,455,714.			
OB		<u> </u>	Total. Add lines 1a-1f				Business Code	1,433,714.			
	_	_	PROGRAM SERVI	CE	ס בינובאד	тт	900099	1,000.	1,000.		
Program Service Revenue	2						300033	1,000.	1,000.		
erv ue		b				_					
n S		С				_					
lrar 3ev		d				_					
90		е				_					
Ф			All other program service					1 000			
		g	Total. Add lines 2a-2f				<u></u>	1,000.			
	3		Investment income (include	•	,		•				
			other similar amounts) \dots				>				
	4		Income from investment of	f tax-	exempt bo	nd p	roceeds				
	5		Royalties	. <u></u>			<u></u>				
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
			Gross amount from sales of		(i) Securit		(ii) Other				
		_	assets other than inventory	7a	.,		. ,				
		h	Less: cost or other basis								
ø		D		7b							
Revenue		_	Gain or (loss)	7c							
eve											
er B			Net gain or (loss)								
Othe	8	а	Gross income from fundraising								
0			including \$								
			contributions reported on		•						
		_	Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from		•		_				
	9	а	Gross income from gamin	-							
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gamir	g activities	3 <u></u>	_				
	10	а	Gross sales of inventory, le	ess re	turns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	of inventor	у	>				
45							Business Code				
sno	11	а	MISCELLANEOUS			_	900099	2,862.	2,862.		
ine(b									
Miscellaneous Revenue		c									
ŠČ			All other revenue			_					
Σ			Total. Add lines 11a-11d					2,862.			
			Total revenue See instruction					1.459.576.	3.862.	0.	0.

Form 990 (2020) EDUCATIONNC Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	327,917.	242,124.	65,606.	20,187.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	500 546			
7	Other salaries and wages	790,716.	790,716.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	04 202	77 001	4 040	1 500
10	Payroll taxes	84,393.	77,921.	4,949.	1,523.
11	Fees for services (nonemployees):				
а	Management	1 012	1 012		
b		1,913.	1,913.	46 200	
С	Accounting	46,200.		46,200.	
d	7 3				
е	, F				
f	Investment management fees				
g	,	127 576	381,484.	2 002	54,000.
	column (A) amount, list line 11g expenses on Sch O.)	437,576.	301,404.	2,092.	34,000.
12	Advertising and promotion	3,796.	2,767.	1,029.	
13	Office expenses	48,463.	29,024.	18,900.	539.
14	Information technology	40,403.	25,024.	10,500.	337•
15	Royalties	3,296.	3,296.		
16	Occupancy	46,016.	38,856.	7,160.	
17 10	Payments of travel or entertainment expenses	40,010.	30,030.	7,100.	
18	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	83,010.	70,841.	12,139.	30.
19 20	Interest	00,010	,0,041	12,133.	
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,733.		33,733.	
23	Insurance	12,894.		12,894.	
24	Other expenses. Itemize expenses not covered	,		== , 55 2 5	
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MEDÍA ENGAGEMENT	47,374.	44,959.	2,061.	354.
b	MISCELLANEOUS	6,522.	2,602.	3,920.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,973,819.	1,686,503.	210,683.	76,633.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

20-5625322 Page **11** Form 990 (2020)
Part X Balance Sheet EDUCATIONNC

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,617,070.	1	1,527,576
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,406,377.	3	853,645
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqui	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			0.	9	5,621
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	411,808.			
	b	Less: accumulated depreciation	. 10b	339,140.	144,624.	10c	72,668
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,600.	15	0
	16	Total assets. Add lines 1 through 15 (must ed	qual line 3	3)	3,169,671.	16	2,459,510
	17	Accounts payable and accrued expenses	52,769.	17	26,651		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer offic	er, director,			
IΕ		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
	23	Secured mortgages and notes payable to unre		• • • • • • • • • • • • • • • • • • • •		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax,	oayables t	o related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D			169,800.	25	0
	26	Total liabilities. Add lines 17 through 25			222,569.	26	26,651
"		Organizations that follow FASB ASC 958, c	heck here	• ► X			
ces		and complete lines 27, 28, 32, and 33.			0.74 0.00		4 000 000
lan	27				971,083.	27	1,092,927 1,339,932
Ва	28	Net assets with donor restrictions			1,976,019.	28	1,339,932
nu		Organizations that do not follow FASB ASC 958, check here					
ŗ		and complete lines 29 through 33.					
<u>ရ</u>	29	Capital stock or trust principal, or current fund				29	
sei	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			0.01= 10=	31	0 100 0=0
Š	32	Total net assets or fund balances			2,947,102.	32	2,432,859
	33	Total liabilities and net assets/fund balances			3,169,671.	33	2,459,510

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,45</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,97		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>-51</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	<u>,94</u>	7 <u>,1</u>	02.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2	,43	2,8	<u>59.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
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 compiled 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	tit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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

Name of the organization

Employer identification number EDUCATIONNO 20-5625322 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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	ction A. Public Support		·	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	781,042.	3016518.	1828037.	864,123.	1455714.	7945434.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	781,042.	3016518.	1828037.	864,123.	1455714.	7945434.
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 shown on line 11,						
	column (f)						4962757.
6	Public support. Subtract line 5 from line 4.						2982677.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	781,042.	3016518.	1828037.	864,123.	1455714.	7945434.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			3,478.	35,598.	3,862.	42,938.
11	Total support. Add lines 7 through 10				-		7988372.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	37.34 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	36.27 %
	33 1/3% support test - 2020. If the					ore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te						▶ □
b	10% -facts-and-circumstances test	-	-	*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		>
18	Private foundation. If the organization						········· • ——
	-			·		edule A (Form 990	

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	_	T	T	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	•		•			
Se	check this box and stop herection C. Computation of Publi		centage				P
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				10, 00141111 (1))		18	
	a 33 1/3% support tests - 2020. If the						
.00	more than 33 1/3%, check this box ar						▶ □
ŀ	33 1/3% support tests - 2019. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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.
- 10a 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 line 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.)

	Yes	No
1		
2		
За		
Ju		
3b		
3с		
4a		
4b		
4c		
F		
5a		
- Fla		
5b		_
5c		
6		
7		
8		
9a		
34		
9b		
30		
9с		
30		
10a		
10b		

Fai	Gontinued)			
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type I Supporting Organizations		V	N1 -
_	Did the consequence had a manch on of the consequence had a settle on other in their official consequence of the consequence of		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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.	2		
Sec	tion 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			
	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	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		
Sec	tion 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 instructions)			
а	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 governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more 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	A 1		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
b	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrated	Type III supporting orga	nization (see
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continue}	ed) _	
<u>Secti</u>	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	S	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7:				
<u></u> а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Part VI	Supplemental Information Desire the advantage and the Dath Fort Order to Advantage and
I dit 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.)
	(See Instructions.)
-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EDUCATIONNC

Employer identification number 20-5625322

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	Sin	nilar Funds or A	ccour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor adv	ised 1	funds	(b) Fur	nds 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					
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	in donor advised fu	nds	
	are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$					Yes No
6	Did the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees are the organization of the o	dvisors in writing that	grant	funds can be used	only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any o	other purpose confe	rring	
Б.	impermissible private benefit?					
Par				on Form 990, Part I	V, line 7	
1	Purpose(s) of conservation easements held by the organization	_				
	Preservation of land for public use (for example, recreat	tion or education)			-	important land area
	Protection of natural habitat	L	F	Preservation of a ce	rtified hi	storic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualification	ied conservation contr	ributi	on in the form of a c	onserva	
	day of the tax year.				_	Held at the End of the Tax Year
а	Total number of conservation easements				2a	
b					2b	
С.	Number of conservation easements on a certified historic stru				2c	
d	Number of conservation easements included in (c) acquired a				١	
_	listed in the National Register				2d	<u> </u>
3	Number of conservation easements modified, transferred, rele	eased, extinguished, c	or terr	ninated by the orga	nization	during the tax
	year					
4	Number of states where property subject to conservation eas			handling of		
5	Does the organization have a written policy regarding the per					Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I			onforcing consonyat		
U	Starr and volunteer flours devoted to filoritoring, inspecting, i	nandling of violations,	anu	ernorcing conservat	ion case	ernents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfor	cina conservation e	asemen	ts during the year
•	► \$	iing or violations, and	Cilioi	oning contact valuers c	aborriori	to during the your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents d	of section 170(h)(4)(l	3)(i)	
	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn					
	organization's accounting for conservation easements.	3				
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	reas	ures, or Other	Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its re	eveni	ue statement and ba	alance s	heet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education	on, o	r research in further	ance of	public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that d	escri	bes these items.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its rever	nue s	tatement and balan	ce sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	or re	esearch in furtheran	ce of pu	blic service,
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				▶	\$
						\$
2	If the organization received or held works of art, historical trea	asures, or other simila	r asse	ets for financial gain	, provide	e
	the following amounts required to be reported under FASB AS	SC 958 relating to the	se ite	ems:		
а	Revenue included on Form 990, Part VIII, line 1				🕨	\$
b	Assets included in Form 990, Part X					\$

Schedule D (Form 990) 2020

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

	t III Organizations Maintaining C		t. Histo	orical Tre	easures, o	r Other	Similar A		(2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ige Z
	Using the organization's acquisition, accession								(contin	uea)	
3		on, and other record	is, crieck	any or the	iollowing that	i make si	grillicarit use	OFILS			
	collection items (check all that apply):		. $ egin{array}{c} \end{array}$								
а	Public exhibition	C			change progra						
b	Scholarly research	•		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							in Part)	KIII.		
5	During the year, did the organization solicit or								1		1
D :	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	"Yes" on	Form 990, P	art IV, li	ne 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								1		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing to	able:							
									Amount		
С	Beginning balance										
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or co	ustodial acco	unt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete in	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three year	rs back	(e) Four	years l	oack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end halanc	e (line 1c	L column (a)) pelq se.	L					
	Board designated or quasi-endowment	ent year end balanc	% %	, coluitiii (a)) Held as.						
a	Permanent endowment	%	—70								
b	· · · · · · · · · · · · · · · · · · ·	% %									
С		, -									
_	The percentages on lines 2a, 2b, and 2c should be a sh	•									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are neid ai	nd administer	red for th	e organizatio	on	Г	1	
	by:								- m	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered			, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)	. ,	ccumulated oreciation		(d) Bool	k value	;
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			41	1,808.		339,140).	7:	2,66	8.
	Other				-		-			-	
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	0c.)			•	7:	2,66	8.
	3 · · · (Coldinii) (d) iliust ci	and the second	, , coluit	, , . , , , , , , , , , , , , ,	, ·······			-			

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.		
	F 000 David IV line	111 O. Farras 000 Part V line 10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
·	(b) Book value	(O) Method of Valuation. Cook of one of year market value
(1) (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.
	Description	(b) Book value
(1)	·	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)	>
Part X Other Liabilities.	,	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	>
2. Liability for uncertain tax positions. In Part XIII, provide	•	

Schedule D (Form 990) 2020

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,459,576. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 1,459,576. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,973,819. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d 2e 1,973,819 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: SCHEDULE D, PART X, LINE 2 THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND APPLICABLE STATE STATUTES ON ITS EXEMPT FUNCTION INCOME AND IS CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION. THERE WAS NO UNRELATED BUSINESS INCOME FOR 2021 AND 2020.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

2020
Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

EDUCATIONNC 20-5625322 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2020

Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2020

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	<u> </u>
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MARGARET M. RASH	€	175,00	0	0	0	0	175,000.	• 0
PRESIDENT/CEO	≘	0	• 0	• 0	• 0	0	0.	• 0
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SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization

EDUCATIONNC EDUCATIONNC 20-5625322

Complete if the orga	anization ansv	wered "Yes" on F	orm 9	90, Pa	rt IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, li	ne 40l	b.			
1	(b) F	Relationship betv			fied	-) D-			_		(d)	Correc	cted?
(a) Name of disqualified pers	son	person and or	ganiza	ation	((c) De	escription of tran	sactio	n 		Ye	s	No
											+-	_	
											_	_	
											+		
2 Enter the amount of tax incursection 49583 Enter the amount of tax, if a					· ······				▶ \$ ▶ \$		<u> </u>		
Entor the amount of tax, if a	y, ono <u>_</u> ,	abovo, romibaro.	ou by		,				•				
Part II Loans to and/o	r From Int	erested Pers	ons.										
Complete if the orga	anization ansv	wered "Yes" on F	orm 9	90-EZ,	Part V, line 38a or F	orm	990, Part IV, line	e 26; c	or if the	e orgai	nizatio	n	
reported an amount	on Form 990), Part X, line 5, 6											
(a) Name of interested person wi) Relationship ith organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f)) Balance due	(g) defa		(h) App by boa comm	ard or	(i) W agreei	ritten ment?
			То	From				Yes	No	Yes	No	Yes	No
Гotal		1			> \$	<u> </u>							
Part III Grants or Assis	stance Ber	nefiting Intere	estec	Per									
Complete if the orga		_											
(a) Name of interested person		(b) Relationship interested pers the organiza	on an		(c) Amount of (d)			ype of stance			e) Purpose of assistance		
									\perp				
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032131 12-09-20

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

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 EDUCATIONNC Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of organization's person and the organization transaction transaction revenues? Yes No FERREL GUILLORY BOARD MEMBER 35,000.PMT FOR WRI Х 200. PMT FOR GEN ASTRID EMILY FRANCIS BOARD MEMBER Х INNOVATION GROUP -OWNED B COMPANY OWNED BY 3,000.PMT FOR CON Х BO Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: FERREL GUILLORY (D) DESCRIPTION OF TRANSACTION: PMT FOR WRITING AND EDITORIAL ADVICE (A) NAME OF PERSON: ASTRID EMILY FRANCIS (D) DESCRIPTION OF TRANSACTION: PMT FOR GENERAL CONSULTING (A) NAME OF INTERESTED PERSON: INNOVATION GROUP - OWNED BY TRACEY GREENE-WASHINGTON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY BOARD MEMBER (D) DESCRIPTION OF TRANSACTION: PMT FOR CONSULTING SERVICES

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

► Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EDUCATIONNC

Employer identification number 20-5625322

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACADEMIC ATTAINMENT, AND IMPROVE THE PERFORMANCE OF THE STATE'S PUBLIC SCHOOLS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INFORMATION, AND ANALYSIS ABOUT THE MAJOR TRENDS, ISSUES, 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 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

FORM 990, PART VI, SECTION A, LINE 4:

IN JUNE 2021, EDUCATIONNC'S BOARD OF DIRECTORS VOTED UNANIMOUSLY TO AMEND

THE BYLAWS TO ALIGN THE BOARD GOVERNANCE WITH EDUCATIONNC'S WORK ON

DIVERSITY, EQUITY, AND INCLUSION. THE EXECUTIVE COMMITTEE BECAME THE BOARD,

AND THE BOARD BECAME THE STRATEGIC COUNCIL. THE NEW BOARD WITH NINE MEMBERS

WILL SHARE POWER. THE POSITIONS OF CHAIR AND SECRETARY/TREASURER WILL

ROTATE FROM ONE BOARD MEETING TO THE NEXT, GUARANTEEING EACH PERSON ON THE

BOARD THE OPPORTUNITY TO SERVE AS CHAIR AT SOME POINT IN THEIR TENURE. THE

DISTRIBUTION OF POWER IS BALANCED BY A DISTRIBUTION OF ACCOUNTABILITY. THE

BOARD WILL MEET MONTHLY WITH UPDATES ON FINANCES AND PERSONNEL. THE BOARD

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 Page 2 **Employer identification number** Name of the organization EDUCATIONNC 20-5625322 WILL HAVE A LEADERSHIP COMMITTEE MADE UP OF THREE MEMBERS OF THE BOARD, WHICH WILL MAKE NOMINATIONS TO THE BOARD AND STRATEGIC COUNCIL. A SMALLER BOARD WITH DISTRIBUTED POWER SERVES TO REINFORCE EDUCATIONNC'S COMMITMENT TO JOURNALISTIC INDEPENDENCE. EACH BOARD MEMBER WILL SERVE ONE THREE-YEAR TERM. THE FORMER BOARD WILL OPERATE AS EDUCATIONNC'S STRATEGIC COUNCIL GOING FORWARD. EACH MEMBER OF THE STRATEGIC COUNCIL MAY SERVE TWO THREE-YEAR TERMS. TERMS ARE STAGGERED TO PROVIDE BOTH CONTINUITY AND NEW VOICES. THE BOARD AND STRATEGIC COUNCIL WILL MEET TOGETHER THREE TIMES A YEAR. FORM 990, PART VI, SECTION B, 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.

FORM 990, PART VI, SECTION B, LINE 12C:

PROCESS FOR MONITORING CONFLICT OF INTEREST POLICY:

EACH MEMBER OF THE BOARD OR 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.

FORM 990, PART VI, SECTION C, LINE 19:

MAKING INFORMATION AVAILABLE TO THE PUBLIC:

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization EDUCATIONNC	Employer identification number 20-5625322
THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AN	D FORM 990 TAX
RETURN AVAILABLE ON ITS WEBSITE. GOVERNING DOCUMENTS AND T	HE CONFLICT OF
INTEREST POLICY ARE AVAILABLE UPON REQUEST TO THE CEO. THE	FORM 990 TAX
RETURN IS ALSO AVAILABLE ON GUIDESTAR'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	381,484.
MANAGEMENT AND GENERAL EXPENSES	2,092.
FUNDRAISING EXPENSES	54,000.
TOTAL EXPENSES	437,576.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	437,576.
OTHER FEES FOR SERVICES (NON-EMPLOYEES)	
OUTSIDE CONTRACT SERVICES INCLUDE WRITING, EDITING, RESEAR	СН,
ENGAGEMENT AND MARKETING, SOFTWARE AND WEB DEVELOPMENT, AN	D FUNDRAISING
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR	SELECTION
PROCESS DURING THE TAX YEAR.	

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2020

OMB No. 1545-0047

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

EDUCATIONNC

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 20-5625322Open to Public Inspection

(g) Section 512(b)(13) controlled Ŷ × entity? Direct controlling 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. Direct controlling entity End-of-year assets status (if section 501(c)(3)) Public charity LINE 7 Total income Exempt Code € section 501(C)(3) ছ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) NORTH CAROLINA Primary activity Primary activity RESEARCH CAROLINA BEACON (FORMERLY KNOWN AS NC CENTER FOR PUBLIC POLICY RESEARCH INC), PO BOX 430, Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity RALEIGH, NC 27602 PartI Part

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

Schedule R (Form 990) 2020

EDUCATIONNC Schedule R (Form 990) 2020

Part III 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.

Page 2

20-5625322

(K)	General or Percentage managing ownership partner?									
9	ieneral or nanaging partner?	es No								
(E)	Code V-UBI General or Personal or Personal or School of School of School of School or	K-1 (Form 1065) Y								
	rtionate ons?	No								
Ξ	Disproportionate allocations?	Yes								
(6)	Share of end-of-year	433613								
(£)	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(2)	Legal domicile (state or	roreign country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(a)	(၁)	(Q)	(e)		(a)	<u>ا</u>	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	13) ed ed
		country)		Or tridety		dssets		Yes No	9

Schedule R (Form 990) 2020

mplete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
ansactions With Related Organizations.
PartV

					\vdash	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	0
		transactions with one of more related organizations listed in Faits my trolled entity		-E	×	_
Giff. grant. or capital contribution to related organization(s)				2	×	
Gift, grant, or capital contribution from related organization(s)				2	×	L.
Loans or loan dilarantees to or for related organization(s)				7	×	
				2 4	×	
				2	1	
f Dividends from related organization(s)				#	×	L.
g Sale of assets to related organization(s)				10	×	<u></u>
Purchase of assets from related organization(s)				, ∈	×	
				;=	×	_
j Lease of facilities, equipment, or other assets to related organization(s)				Έ	×	_
					:	
k Lease of facilities, equipment, or other assets from related organization(s)				*	×	اہ
1 Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ē	×	
Sharing of facilities, equipment, mailing lists, or other assets with relate					×	
o Sharing of paid employees with related organization(s)				9	×	l u
p Reimbursement paid to related organization(s) for expenses				1	×	M
Reimbursement paid by related organization(s) for expenses				19	X	L L
r Other transfer of cash or property to related organization(s)				+	×	M
(s)				18	X	
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.	ho must complete thi	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
(2)						
(6)						
(4)						
(5)						
032163 10-28-20			Scheduk	Schedule R (Form 990) 2020	990) 202	20

EDUCATIONNC Schedule R (Form 990) 2020 Part VI 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.

l no-	I	1	İ	l	I	İ	1	
(k) ercentage wnership								990) 2020
Sing C P								E E
(j) General or managing partner?								R.
(h)								Schedule R (Form 990) 2020
(h) Disproportionate allocations?								
Dispr tion allocat								
(g) Share of end-of-year assets								
(f) Share of total income								
(e) Are all partners sec. 501(c)(3) orgs.? Yes No								
e part								
(d) Predominant income prelated, unrelated, excluded from tax under sections 512-514)								
(c) Legal domicile (state or foreign country)								
(b) Primary activity								
(a) Name, address, and EIN of entity								