Form **990** 

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)

2016 Open to Public Inspection

| <u>A</u>        | For the           | 2016 calendar year, or tax year beginning JUL 1, 2016 and endi  | ing J      | <u>UN 30, 2017</u>           |   |
|-----------------|-------------------|---|------------|------------------------------|---|
| В               | Check if          | C Name of organization  |            | D Employer identific         | ation number                              |
|                 | applicabl         | CHILDREN'S LAW CENTER OF CENTRAL  |            |                              |   |
|                 | Addre             | NORTH CAROLINA  |            |                              |   |
| 一               | Name<br>chang     | Doing business as   |            | 54-23                        | 185218                                    |
| 一               | Initial           | <del></del>   | m/suite    | E Telephone number           |   |
| ⊢               | Final             | 8 WEST 3RD STREET, SUITE M-6  | iii/Suite  |                              | 831-1909                                  |
| _               | return.<br>termin |   |            |                              | 420,652.                                  |
| _               | ated<br>Amen      | City or town, state or province, country, and ZIP or foreign postal code  |            | G Gross receipts \$          |   |
| 늗               | return<br>Applic  | WINSTON-SALEM, NC 2/101   |            | H(a) Is this a group re      |   |
| <u> </u>        | tion<br>pendir    | F Name and address of principal officer: IKID BONDITINE   |            | for subordinates             | = =                                       |
|                 |                   | SAME AS C ABOVE   | 44         | H(b) Are all subordinates in |   |
|                 |                   |   | 1 527      |                              | list. (see instructions)                  |
|                 |                   | e: WWW.CHILDRENSLAWCENTERNC.ORG   |            | H(c) Group exemption         |   |
|                 |                   |   | L Year o   | of formation: 2005 N         | State of legal domicile: NC               |
| LP              | art I             | Summary   |            |                              |   |
| _               | 1                 | Briefly describe the organization's mission or most significant activities. TO PROV   | VIDE       | LEGAL ADVO                   | CACY                                      |
| Governance      |                   | FOCUSING ON DOMESTIC VIOLENCE AND HIGH CONFI  | LICT       | CUSTODY                      |   |
| Ë               | 2                 | Check this box   if the organization discontinued its operations or disposed or   | of more    | than 25% of its net ass      | ets                                       |
| 2 \$            | 3                 | Number of voting members of the governing body (Part VI, line 1a)   |            | 3                            | 14  |
| ျှင်            | 4                 | Number of independent voting members of the governing body (Part VI, line 1b)   |            | 4                            | 14  |
| _ ot            | il _              | Total number of individuals employed in calendar year 2016 (Part V, line 2a)  |            | 5                            | 7   |
| Activities      | 6                 | Total number of volunteers (estimate if necessary)  |            | 6                            | 28  |
| ctivi           | 7.                | Total unrelated business revenue from Part VIII, column (C), line 12  |            | 7a                           | 0.  |
| - 8             | 'a                | , , , , , ,   |            | 7b                           | 0.  |
| ֊ —             | <del>├ </del>     | Net unrelated business taxable income from Form 990-T, line 34  |            |                              |   |
| )               |                   |   | <b> </b> - | Prier Year                   | Current Year                              |
| و ا             | 8                 | Contributions and grants (Part VIII, line 1h)   | ·          | 397,215.                     | 375,678.                                  |
|                 | 9                 | Program service revenue (Part VIII, line 2g)  | <u> </u>   | 40,699.                      | 44,974.                                   |
| Sevenue Revenue | 10                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <u> </u>   | 0.                           | 0.  |
| ۳ څ             | 11                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | -          | <5,850.>                     | <7,646.>                                  |
| , s<br>         | 12                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |            | 432,064.                     | 413,006.                                  |
|                 | 13                | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <u> </u>   | 0.                           | 0.  |
|                 | 14                | Benefits paid to or for members (Part IX, column (A), line 4)   | <u> </u>   | 0.                           | 0.  |
| ¢.              | 15                | Salarres, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <u> </u>   | 269,589.                     | 337,217.                                  |
| Exnenses        | 16a               | Professional fundraising fees (Part IX, column (A), line 11e)   |            | 0.                           | 0.  |
| 9               | ь                 | Total fundraising expenses (Part IX, column (D), line 25)   88,306.   | . 🎚        | 4 4 1 1 1 1                  | » ( , ) , , , , , , , , , , , , , , , , , |
| ũ               | 17                | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | _ [        | 57,300.                      | 73,826.                                   |
|                 | 1                 | Total expenses Add lines 13:17 (must equal Part IX, column (A), line 25)  |            | 326,889.                     | 411,043.                                  |
|                 |                   | Revenue less expenses. Subtract line 18 from line 12  |            | 105,175.                     | 1,963.                                    |
| ŏ               |                   | RECEIVED  | Ber        | ginning of Current Year      | End of Year                               |
| Sts.            | =                 | Total assets (Part X, line 16)  | 1          | 283,412.                     | 288,479.                                  |
| Assets          | 21                | Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20 |            | 2,192.                       | 5,296.                                    |
| ₩.              | 22                | Net assets or fund halances. Subtract line 21 from line 20  | <u> </u>   | 281,220.                     | 283,183.                                  |
| D               | art II            | 1 Signature Block   |            |                              |   |
| Line            | lar nan-          | Ities of perjury, I declare that I have examined this return, including accompanying schedules and                              | l ctateme  | nte, and to the bact of my   | knowledge and belief it is                |
|                 |                   | t, and complete. Declaration of peparer (Ather than officer) is based on all information of which p                             |            |                              | Knowledge and belief, it is               |
| uuc             | , correc          |   | ргерагег   | nas any knowledge.           | 2010                                      |
| ٠.              |                   | Signature of officer  |            |                              | 2018                                      |
| Sig             |                   | , -   |            | Date                         |   |
| He              | re                | IRIS SUNSHINE, EXECUTIVE DIRECTOR   |            |                              | <del></del>                               |
|                 |                   | Type or print name and title  |            | )oto                         | T DYIN                                    |
|                 |                   | Print/Type preparer's name  |            | Date Check                   | PTIN                                      |
| Pai             | d                 | JANE R POTTER JUNE POTTS  |            | 3018 If self-employ          |   |
| Pre             | parer             | Firm's name BUTLER + BURKE, LUP   |            | Firm's EIN                   | 56-1138530                                |
| Use             | Only              | Firm's address 100 CLUB OAKS COURT  |            |                              |   |
|                 |                   | WINSTON-SALEM, NC 27104   |            | Phone no. 33                 | 6-768-2310                                |
|                 |                   | OS discuss this return with the preparer shows shows? (see patrictions)   |            |                              | X Voc No                                  |

# CHILDREN'S LAW CENTER OF CENTRAL NORTH CAROLINA

|         | 990 (2016) NORTH CAROLINA  | 54-2185218                                       | Page 2      |
|---------|--|--|-------------|
| Pa      | rt III Statement of Program Service Accomplishments  |  |             |
|         | Check if Schedule O contains a response or note to any line in this Part III   |  | X           |
| 1       | Briefly describe the organization's mission:   |  |             |
|         | THE CHILDREN'S LAW CENTER OF CENTRAL NC PROVIDES CHILDRE   |  | TY          |
|         | LEGAL ADVOCACY FOCUSING ON DOMESTIC VIOLENCE ISSUES, HIG   |  |             |
|         |  | IMATE GOAL I                                     | .s          |
|         | TO ENABLE CHILDREN TO GROW UP IN SAFE ENVIRONMENTS AND T   | O BECOME   |             |
| 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  | s 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?   | . Tyes   | s 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 expenses                             |             |
|         | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other   | ers, the total expenses, a                       | and         |
|         | revenue, if any, for each program service reported.  |  |             |
| 4a      | (Code) (Expenses \$ 304,652. including grants of \$) (Reve   |  | 974.)       |
|         | ADVOCATE FOR THE BEST INTERESTS OF CHILDREN IN DOMESTIC  | VIOLENCE   |             |
|         | HOUSEHOLDS, CUSTODY CASES, DSS CASES AND PROVIDE LEGAL A   | SSISTANCE TO                                     |             |
|         | CHILDREN AND THEIR FAMILIES IN EDUCATION CASES.  |  |             |
|         |  |  |             |
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|         |  | <del> </del>                                     |             |
|         |  |  |             |
| 4b      | (Code) (Expenses \$  | nue \$   | <del></del> |
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|         |  | <del> </del>                                     |             |
| 4c      | (Code) (Expenses \$  | enue \$  |             |
|         | (Vertical of the control of the cont | 100 \$   |             |
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|         |  |  |             |
|         |  |  |             |
|         | Other program continue (Decombs in Cability C.)  |  |             |
| 4d      | Other program services (Describe in Schedule O)  | `  |             |
| <u></u> | (Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 304,652.   |  |             |
| 40      | Total program service expenses ▶ 304,652.  |  | 990 (2016)  |
|         |  | rom  | (2010)      |

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Form 990 (2016) NORTH CAROLINA
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                                      | Х                |           |
| 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                                      |                  | <u> </u>  |
| 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                                      |                  | X         |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |  |                  | 7.7       |
| _   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | _6                                     |                  | <u>X</u>  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |  |                  | 37        |
| _   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7                                      |                  | X         |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |  |                  | v         |
| _   | Schedule D, Part III   | 8                                      |                  | <u> </u>  |
| 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?  |  |                  | v         |
|     | If "Yes," complete Schedule D, Part IV   | 9_                                     |                  | <u>x</u>  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent   |  |                  | X         |
| 4.4 | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10                                     | · · · · · · ·    | <b>\$</b> |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |  | \$ \$ 7<br>X * 7 | . 33      |
| _   | as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                                     | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                  |           |
| a   | Part VI  | 11a                                    | х                |           |
| h   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  | 110                                    |                  |           |
| _   | 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                                    |                  | X         |
|     | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |  |                  |           |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f                                    | X                |           |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |  |                  |           |
|     | Schedule D, Parts XI and XII   | 12a                                    | X                |           |
| þ   | 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                                     |                  | <u>X</u>  |
|     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a                                    |                  | X         |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |  |                  |           |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |  |                  | •         |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b                                    | <b></b> -        | X         |
| 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  |  |                  | v         |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15                                     |                  | X         |
| 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         |
| 4-7 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16                                     |                  | <u>X</u>  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 4-                                     |                  | x         |
| 18  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17                                     |                  |           |
| .0  | 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                                     | х                |           |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."   | "                                      | <del></del> -    | <b></b>   |
|     | complete Schedule G. Part III  | 19                                     |                  | x         |
|     |  | <u></u>                                |                  |           |

Form 990 (2016) NORTH CAROLINA

Part IV Checklist of Required Schedules (continued)

|             |  |          | Yes           | No            |
|-------------|--|----------|---------------|---------------|
| <b>2</b> 0a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a      |               | <u>_x</u> _   |
| b           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                       | 20b      |               |               |
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |          |               |               |
|             | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21       |               | <u>X</u>      |
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                      |          |               |               |
|             | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22       |               | <u>X</u>      |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current                         | ]        | l             |               |
|             | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                                     |          | Ì             |               |
|             | Schedule J   | 23       |               | <u> </u>      |
| 24a         | ,  |          |               |               |
|             | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                                 |          |               | 37            |
|             | Schedule K If "No", go to line 25a   | 24a      |               | <u> </u>      |
| þ           | 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      |               |               |
|             | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d      |               |               |
| 25a         | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                                       |          |               | X             |
|             | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a      |               |               |
| D           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                         |          |               | ı             |
|             | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete                              | 054      |               | X             |
| ne          | Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or          | 25b      |               |               |
| 26          |  |          |               |               |
|             | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"                             | 26       |               | x             |
| 27          | complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 20       |               | <del></del> - |
|             | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member                                | ]        |               |               |
|             | of any of these persons? If "Yes," complete Schedule L, Part III   | 27       |               | х             |
| 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV                                  | <u>*</u> | Allow a       |               |
|             | instructions for applicable filing thresholds, conditions, and exceptions):  | , &      | \$ 85.        |               |
| а           | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a      |               | X             |
| b           | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28b      |               | X             |
| С           | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,                    |          |               |               |
|             | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c      | '             | X             |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29       |               | X             |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                        |          |               |               |
|             | contributions? If "Yes," complete Schedule M .   | 30       |               | _X_           |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations?   |          |               |               |
|             | If "Yes," complete Schedule N, Part I  | 31       |               | <u> </u>      |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                                   | ļ        |               |               |
|             | Schedule N, Part II  | 32       |               | <u> X</u>     |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | Ĺ        |               |               |
|             | sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33       |               | <u> </u>      |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                          | l        |               |               |
|             | Part V, line 1 .   | 34       |               | <u>X</u>      |
| 35a         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a      | <del></del> - | X_            |
| b           | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                          | l        |               |               |
|             | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b      |               |               |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                         | ]        |               |               |
|             | If "Yes," complete Schedule R, Part V, line 2  | 36       |               | <u> </u>      |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                   |          | 1             | - V           |
| 20          | 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?                                     |          | v             |               |
|             | Note. All Form 990 filers are required to complete Schedule O  | 38       | X<br>QQA      | (2016)        |
|             |  | rorm     | 33U           | (2016)        |

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Part V Statements Regarding Other IRS Filings and Tax Compliance 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 0 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c . . . . 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a **b** If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as chantable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 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 contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a 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 c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O

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Form 990 (2016) NORTH CAROLINA 54-2185218 Pag
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 in Schedule O. See instructions.

|     | to line day as, as, as you below, accompanies and office and an original and a |             |               | -              |
|-----|--|-------------|---------------|----------------|
|     | Check if Schedule O contains a response or note to any line in this Part VI  |             |               | X              |
| Sec | tion A. Governing Body and Management  |             | <del></del> 1 |                |
|     | Enter the number of voting members of the governing body at the end of the tax year 14   |             | Yes           | No             |
| 18  | · · · · · · · · · · · · · · · · · · ·  | 1           | İ             | - 1            |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  | 1           | I             | - 1            |
| L   |  | - 1         | - 1           | : }            |
| Ъ   |  | - 1         | }             | }              |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   | <del></del> |               |                |
| _   | officer, director, trustee, or key employee?   | _2          |               | <u> </u>       |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |             | ]             | X              |
|     | of officers, directors, or trustees, or key employees to a management company or other person?   | 3 4         |               | X              |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 5           |               | X              |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 6           |               | X              |
| 6   | Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   | -           |               | <del></del>    |
| 10  | more members of the governing body?  | 7a          |               | х              |
|     | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   | <u>'a</u>   |               |                |
| U   | persons other than the governing body?   | 7ь          |               | х              |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  | 70          |               |                |
|     | The governing body?  | 8a          | X             |                |
|     | Each committee with authority to act on behalf of the governing body?  | 8b          | X             |                |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   | -30         |               |                |
| 9   | organization's mailing address? If "Yes." provide the names and addresses in Schedule O.   | 9           |               | X              |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |             | لسيب          |                |
|     | This Section & requests information about policies not required by the internal nevenue code.  |             | Yes           | No             |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a         | 700           | X              |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |             |               |                |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b         |               |                |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a         | Х             |                |
|     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | \$ Z J      | 5 7 7 5       | , Y 3          |
|     | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a         | X             |                |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b         | Х             |                |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |             |               |                |
|     | in Schedule O how this was done  | 12c         | X             |                |
| 13  | Did the organization have a written whistleblower policy?  | 13          | X             |                |
| 14  | Did the organization have a written document retention and destruction policy?   | 14          | X             |                |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent   | 1           | 1 3           | , % ><br>, y > |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | ,           | ે, ઢ          | \$ 1 h         |
| а   | The organization's CEO, Executive Director, or top management official   | 15a         | Х             | L              |
| þ   | Other officers or key employees of the organization  | 15b         | X             |                |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   | 111         | ` , '         | ` (            |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |             |               | لئييا          |
|     | taxable entity during the year?  | 16a         |               | X              |
| 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   |             |               | لئـــا         |
|     | exempt status with respect to such arrangements?   | 16b         |               | <u> </u>       |
|     | tion C. Disclosure   |             |               |                |
| 17  | List the states with which a copy of this Form 990 is required to be filed NC  |             |               |                |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at  | allable     | <del>)</del>  |                |
|     | for public inspection. Indicate how you made these available. Check all that apply.  |             |               |                |
| 40  | Own website Another's website X Upon request Other (explain in Schedule O)   | _           |               |                |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  | inanc       | ıaı           |                |
| ~   | statements available to the public during the tax year.  |             |               |                |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records:  IRIS SUNSHINE - 336-831-1909  |             |               |                |
|     | 8 WEST 3RD STREET, SUITE M6, WINSTON-SALEM, NC 27101   |             |               |                |
|     | - whor and divider, botte mo, athological dumph, MC 8/TAT  |             |               |                |

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

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

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

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

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

| (A)                            | (B)                                 |                               |  |  | <b>C)</b>    |                              |        | (D)                 | (E)                              | (F)                   |
|--------------------------------|-------------------------------------|-------------------------------|--|--|--------------|------------------------------|--------|---------------------|----------------------------------|-----------------------|
| Name and Title                 | Average                             | ido                           |  | Pos<br>heck                                      |              | l<br>than c                  | nne.   | Reportable          | Reportable                       | Estimated             |
|                                | hours per                           | box                           | , unle:  | ss per   | son ı        | s both                       | an     | compensation        | compensation                     | amount of             |
|                                | week                                | ├                             |  |  | i ecto       | 1/003                        |        | from                | from related                     | other                 |
|                                | (list any<br>hours for              | Jiect                         |  |  |              | _                            |        | the<br>organization | organizations<br>(W-2/1099-MISC) | compensation from the |
|                                | related                             | 90 05                         | stee   |  |              | salec                        |        | (W-2/1099-MISC)     | (10-2) 1033-101130/              | organization          |
|                                | organizations                       | ndividual trustee or director | nstitutional trustee                             |  | )yee         | mper                         |        | (,                  |                                  | and related           |
|                                | below                               | ndual                         | tution   | Jā.  | Key employee | est co<br>loyee              | je je  |                     |                                  | organizations         |
|                                | line)                               | Ę                             | Insti  | Officer  | Key          | Highest compensated employee | Former |                     |                                  | ·                     |
| (1) BRYSON MOORING             | 1.00                                | l                             |  |  |              |                              |        |                     |                                  |                       |
| DIRECTOR                       |                                     | X                             |  |  | L            |                              |        | 0.                  | 0.                               | 0.                    |
| (2) DR. ANTHONY ATALA          | 1.00                                |                               |  |  | ŀ            |                              |        |                     |                                  |                       |
| DIRECTOR, 7/1/2016-12/31/2016  |                                     | X                             |  |  | <u> </u>     |                              |        | 0.                  | 0.                               | 0.                    |
| (3) HOLLY MARION               | 1.00                                | 1                             |  |  |              |                              |        |                     |                                  | _                     |
| DIRECTOR                       |                                     | X                             |  | Щ  | L.,          |                              |        | 0.                  | 0.                               | 0.                    |
| (4) JENNIFER LYDAY             | 1.00                                |                               |  |  |              |                              |        |                     |                                  |                       |
| SECRETARY                      |                                     | X                             |  | X  |              |                              |        | 0.                  | 0.                               | 0.                    |
| (5) JIM GALLAHER               | 1.00                                |                               |  |  |              |                              |        | _                   | _                                | _                     |
| DIRECTOR                       |                                     | X                             | _  | <u> </u>   |              |                              |        | 0.                  | 0.                               | 0.                    |
| (6) JON KURTZ                  | 1.00                                |                               |  |  |              |                              |        |                     | _                                | _                     |
| DIRECTOR                       |                                     | X                             | _  |  | <u> </u>     | _                            |        | 0.                  | 0.                               | 0.                    |
| (7) LARA WILSON                | 1.00                                |                               |  |  |              |                              |        |                     |                                  |                       |
| VICE-CHAIR                     |                                     | X                             |  | X  | <u> </u>     |                              |        | 0.                  | 0.                               | 0.                    |
| (8) LYNNE FULLER-ANDREWS       | 1.00                                |                               |  |  |              |                              |        |                     | •                                | _                     |
| DIRECTOR                       | 1 00                                | X                             | -  | H  | <u> </u>     | $\vdash$                     |        | 0.                  | 0.                               | 0.                    |
| (9) MARILYN BROYHILL BEACH     | 1.00                                |                               |  |  | l            |                              |        |                     | 0                                |                       |
| DIRECTOR (10) MELANIE YORK     | 1.00                                | X                             | -  |  | ┝╌           | $\vdash$                     |        | 0.                  | 0.                               | 0.                    |
| DIRECTOR , 7/1/2016-12/31/2016 | 1.00                                | x                             | 1  |  | }            |                              |        | 0.                  | 0                                | 0                     |
| (11) OSCAR SANTOS              | 1.00                                | ₽                             |  |  | ├─           |                              |        | · · · · · ·         | 0.                               | 0.                    |
| DIRECTOR                       | 1.00                                | X                             |  |  | 1            |                              |        | 0.                  | 0.                               | 0.                    |
| (12) POLLYANN HOLTHUSEN        | 1.00                                | ^                             |  |  | <del> </del> | -                            |        |                     | 0.                               | <u>-</u>              |
| CHAIR                          | 1.00                                | X                             |  | х  | 1            | 1                            |        | 0.                  | 0.                               | 0.                    |
| (13) ROBERT QUICK              | 1.00                                | <del>  ^</del>                | -  | <del>  ^</del>                                   | ┝            | -                            |        | <u> </u>            | <u> </u>                         | <u> </u>              |
| DIRECTOR                       | 1                                   | X                             | ]  | }  | }            | ]                            |        | 0.                  | 0.                               | 0.                    |
| (14) SARA C. SMITH             | 1.00                                | <del>  ^</del>                | -  |  | ┝            |                              |        | •                   | <u> </u>                         | <u></u>               |
| DIRECTOR                       | 1 200                               | X                             | 1  | l  | 1            |                              |        | 0.                  | 0.                               | 0.                    |
| (15) SUSAN BOYLES              | 1.00                                | <del> </del>                  | _  | <del>                                     </del> | $\vdash$     |                              |        | <del>`</del>        | <u>v</u> .                       |                       |
| TREASURER                      | =================================== | $\mathbf{x}$                  | }  | x  |              |                              |        | 0.                  | 0.                               | 0.                    |
| (16) TERESA HICKS              | 1.00                                | Ϊ́                            | <del>                                     </del> | <del></del>                                      | -            |                              | _      | ·                   | <del>-</del>                     |                       |
| DIRECTOR                       |                                     | X                             | 1  |  |              |                              |        | 0.                  | 0.                               | 0.                    |
| (17) AMY KUHLMAN               | 40.00                               |                               |  |  |              |                              |        |                     | <del></del>                      |                       |
| DIRECTOR OF OPERATIONS         |                                     | 1                             | }  | x  | 1            |                              |        | 54,886.             | 0.                               | 0.                    |

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| Part VII Section A. Officers, Directors, Trust  | tees, Key Emp  | oloy                           | ees,                  | and                              | Hig                    | ghes                         | it C                  | ompensated Employee                    | s (continued)                            |          |  |
|---|--|--------------------------------|-----------------------|----------------------------------|------------------------|------------------------------|-----------------------|--|--|----------|--|
| ` (A) · Name and title  | (B) Average hours per week   | (do<br>box                     |                       | Posi<br>Posi<br>heck r<br>ss per | ition<br>more<br>son e | l<br>than o                  | one<br>nan            | (D) Reportable compensation from       | (E) Reportable compensation from related |          | (F) Estimated amount of other  |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual frustee or director | Institutional trustee | Officer                          | Кеу етріоуев           | Highest compensated employee | Former                | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC          |          | compensation<br>from the<br>organization<br>and related<br>organizations |
| (18) IRIS SUNSHINE, JD  | 40.00  |                                |                       |                                  |                        |                              |                       |  |  |          |  |
| EXECUTIVE DIRECTOR  |  |                                |                       | Х                                |                        | -                            |                       | 65,975.                                |  | 0.       | 0.   |
|   |  |                                |                       |                                  |                        | -                            |                       |  |  |          |  |
|   |  |                                |                       |                                  |                        |                              |                       |  |  |          |  |
|   |  |                                |                       |                                  | _                      |                              | -                     |  |  |          |  |
|   |  |                                |                       |                                  |                        |                              |                       |  |  |          |  |
|   |  |                                |                       |                                  |                        |                              |                       |  |  |          |  |
| 1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)  | I, Section A   | -                              |                       |                                  |                        |                              | <b>&gt; &gt; &gt;</b> | 120,861.<br>0.<br>120,861.             |  | 0.<br>0. | 0.<br>0.   |
| Total number of individuals (including but no compensation from the organization.   | ot limited to th   | ose                            | liste                 | d ab                             | ove                    | e) wh                        | io re                 |  | 000 of reportable                        |          | 0<br>Yes No  |
| 3 Did the organization list any former officer,<br>line 1a? If "Yes," complete Schedule J for si  | · ·  | ıstee                          | e, ke                 | y en                             | nplo                   | yee                          | or l                  | highest compensated er                 | nployee on                               |          | 3 X  |
| <ul> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$150</li> <li>5 Did any person listed on line 1a receive or a</li> </ul> | ),000? If "Yes,  | " со                           | mple                  | ete S                            | Sche                   | edule                        | ∋ <i>J f</i>          | for such individual                    |  |          | 4 X  |
| rendered to the organization? If "Yes." com   | •  |                                |                       |                                  | -                      |                              |                       | <del></del>                            | <del> </del>                             |          | 5 X  |
| Complete this table for your five highest contractors      Complete the table for your five highest contractors   |  |                                |                       |                                  |                        |                              |                       |  |  | ensa     | tion from  |
| (A)<br>Name and business  |  |                                | ONE                   |                                  |                        |                              | _                     | (B)<br>Description of s                |  | С        | (C)<br>Compensation  |
|   |  |                                |                       |                                  |                        |                              | -                     |  |  |          |  |
|   |  |                                |                       |                                  |                        |                              |                       |  |  |          | <del> </del>   |
|   |  |                                |                       |                                  |                        |                              |                       |  |  |          |  |
| Total number of independent contractors (ii   | ncluding but n   | ot lir                         | nited                 | d to                             | thos                   | se lis                       | sted                  | above) who received m                  | ore than                                 |          | ······································                                   |
| \$100,000 of compensation from the organi   | zation   |                                |                       |                                  | (                      | 0                            |                       |  |  |          | C 990 (0010)   |

Form 990 (2016) NORTH CAROLINA
Part VIII | Statement of Revenue

|  |                  | Chack if Schodula Coopta   | une a raenoneo :      | or note to any lin                                | a in this Part VIII                              |  |  |  |
|--|------------------|--|-----------------------|---|--|--|--|--|
|  |                  | Check if Schedule O conta  | uris a response (     |   | e in this Part VIII (A) Total revenue            | (B) Related or exempt function revenue           | (C)<br>Unrelated<br>business<br>revenue          | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b<br>c<br>d<br>e | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grant similar amounts not included above. Noncash contributions included in lines 1 | s, and<br>e <b>1f</b> | 62,877.<br>83,766.<br>96,024.<br>133,011.<br>735. |  |  |  |  |
| ೧೫   | h                | Total. Add lines 1a-1f   |                       | <u> </u>  | 375,678.   |  |  |  |
| ł  |                  |  |                       | Business Code                                     |  | <u> </u>   |  |  |
| စ္ပ  | 2 a              |  | E                     | 900099  | 33,775.  | 33,775.  |  |  |
| و کِ   | þ                | GAL FEES   |                       | 541100  | 11,199.  | 11,199.  |  |  |
| Sal  | C                | ·  |                       | <u></u>   | <b>-</b>   |  |  |  |
| Program Service<br>Revenue                             | d                | ·  |                       | <u> </u>  |  |  |  | <del></del>  |
| 5  | е                | ·  |                       | }   |  |  |  | <u> </u>   |
| ۱ م  | f                | All other program service rever  | านe                   | L   | 44 074   |  | <del></del> _                                    |  |
| -  |                  | Total. Add lines 2a-2f   | <del></del>           | <u> </u>  | 44,974.  |  | 4  |  |
|  | 3                | Investment income (including of  | dividends, intere     | st, and   |  |  |  |  |
| ]  |                  | other similar amounts)   | avamet band a         | raccada   | <del></del>                                      |  |  | <del> </del>   |
| 1  | 4                | Income from investment of tax  | exempt bond p         | 10Ceeus   | <del> </del>                                     | <del></del>                                      |  | <del> </del>   |
| - 1  | 5                | Royalties  | (i) Real              | (ii) Personal                                     | 1 × 8 .  | 2 × 2 × 2  |  |  |
|  | 6 a              | Gross rents  | U) Near               | (ii) r ersonal                                    |  |  |  | \$ ~~  |
| - 1  | b                |  | <u> </u>              | <del>                                     </del>  |  |  | \$ 50. 50  | 12 M 14 14   |
|  | c                | 5  |                       | <del> </del>                                      |  |  |  | <i>₹</i> 7 \$  |
|  |                  | Net rental income or (loss)  | <del></del>           | <b>•</b>  |  | <u> </u>   |  |  |
|  |                  | Gross amount from sales of   | (i) Secunties         | (ii) Other  |  | , y y 3 A  |  |  |
|  | -                | assets other than inventory  | 1,7                   |   |  |  | * * .  | L X '^' 328  |
| - 1  | ь                | Less: cost or other basis  |                       |   |  |  |  |  |
| - 1  |                  | and sales expenses   |                       |   |  |  | ( ** ) () ( *                                    | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                  |
|  | С                | Gaın or (loss)   |                       |   |  |  |  |  |
|  |                  | Net gain or (loss)   |                       | <b>.</b>  |  |  |  |  |
| nne  |                  | Gross income from fundraising  | events (not           |   |  |  |  |  |
| Other Revenu   |                  | contributions reported on line   | 1c) See               | 1   |  |  |  | (h. ) 34   |
| <u>ج</u>   |                  | Part IV, line 18   | , a                   | 0.  |  |  |  | 34 ( 7   |
| 美  | b                | Less direct expenses   | b                     | 7,646.  | * * 3 3 5  | ` `  |  |  |
| ٦  |                  | : Net income or (loss) from fund   | -                     |   | <7,646.>   |  | ļ  | <7,646.>   |
|  | 9 a              | Gross income from gaming ac  | tivities. See         | 1   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1            | × 11   | 1 2 3 %  |  |
|  |                  | Part IV, line 19   | а                     | ļ   |  |  |  | 4 4  |
|  |                  | Less. direct expenses  | b                     | L   | <del>                                     </del> |  |  | <u> </u>   |
|  |                  | Net income or (loss) from gam  | -                     |   | <del> </del>                                     | <del> </del>                                     |  | <del> </del>   |
| 1  | 10 a             | Gross sales of inventory, less i   |                       | 1   |  | ,  | ` , ,  | ( )  |
|  |                  | and allowances   | a                     |   | }  | * 1  | Í  | , ;  |
|  |                  | Less: cost of goods sold   | b                     | · — —   | <del></del>                                      |  |  | <del> </del>   |
|  | <u>c</u>         | Net income or (loss) from sales  |                       | D   | <u> </u>   | <del> </del>                                     |  | <del>                                     </del>       |
|  | 44 -             | Miscellaneous Revenue  |                       | Business Code                                     |  | <del> </del>                                     | <del>                                     </del> | <del> </del>   |
|  | 11 a<br>b        |  |                       |   | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | -  |
|  | C                |  |                       |   | <del> </del>                                     | <del>                                     </del> |  |  |
|  | , d              | All other revenue  |                       | -   |  | <del>                                     </del> | <del> </del>                                     |  |
|  | _                | Total. Add lines 11a-11d   |                       | <u> </u>  |  | <del>                                     </del> | `  |  |
|  | م ا              | Total revenue See instructions   |                       |   | 413 006  | 44 974   | 0.   | <7.646.>   |

# Form 990 (2016) NORTH CAROLINA Part IX | Statement of Functional Expenses

|    | on 501(c)(3) and 501(c)(4) organizations must compl  | ete all columns. All oth |   | nplete column (A).                  |                                |
|----|--|--------------------------|---|-------------------------------------|--------------------------------|
|    | Check if Schedule O contains a responsition for tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses       | this Part IX (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations  |                          | едрепаса                                  | general expenses                    | expenses                       |
|    | 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  | 122,648.                 | 92,520.                                   | 13,390.                             | 16,738.                        |
| 6  | Compensation not included above, to disqualified   |                          |   |                                     |                                |
|    | persons (as defined under section 4958(f)(1)) and  |                          |   | }                                   |                                |
|    | persons described in section 4958(c)(3)(B)   |                          |   |                                     |                                |
| 7  | Other salaries and wages   | 190,127.                 | 142,652.                                  |                                     | 47,475.                        |
| 8  | Pension plan accruals and contributions (include   |                          |   |                                     |                                |
|    | section 401(k) and 403(b) employer contributions)  |                          |   |                                     |                                |
| 9  | Other employee benefits  |                          |   |                                     |                                |
| 10 | Payroli taxes  | 24,442.                  | 18,378.                                   | 1,046.                              | 5,018.                         |
| 11 | Fees for services (non-employees)  | <del></del>              |   |                                     |                                |
|    | Management   |                          |   |                                     |                                |
|    | Legal  |                          |   | <del></del>                         | <del></del>                    |
| c  | Accounting   | 11,231.                  | 8,444.                                    | 481.                                | 2,306.                         |
| d  | Lobbying   |                          |   | <del></del>                         |                                |
|    | Professional fundraising services. See Part IV, line 17  | <del></del>              | 144 C. ( ) ( ) ( ) ( )                    |                                     |                                |
| f  | Investment management fees   | <del></del>              |   |                                     | <del></del>                    |
| g  | Other. (If line 11g amount exceeds 10% of line 25,   |                          |   | <del></del>                         |                                |
| 9  | column (A) amount, list line 11g expenses on Sch O.)   |                          |   |                                     |                                |
| 12 | Advertising and promotion  |                          |   | <del></del>                         | <del></del>                    |
| 13 | Office expenses  | 10,602.                  | 4,197.                                    | 1,240.                              | 5,165.                         |
| 14 | Information technology   |                          |   |                                     | <u></u>                        |
| 15 | Royalties  |                          |   | <del></del>                         | <del></del>                    |
| 16 | Occupancy  | 21,279.                  | 15,999.                                   | 911.                                | 4,369.                         |
| 17 | Travel   | 11,354.                  | 8,532.                                    | 421.                                | 2,401.                         |
| 18 | Payments of travel or entertainment expenses   |                          | 0,3020                                    |                                     | 2/1021                         |
|    | for any federal, state, or local public officials  |                          |   |                                     |                                |
| 19 | Conferences, conventions, and meetings   | 2,018.                   | 1,075.                                    |                                     | 943.                           |
| 20 | Interest   | 2,020.                   | 1,0,5.                                    |                                     | J-13.                          |
| 21 | Payments to affiliates   |                          | <del>  </del>                             |                                     |                                |
| 22 | Depreciation, depletion, and amortization  | 3,538.                   | 2,660.                                    | 151.                                | 727.                           |
| 23 | Insurance  | 7,555.                   | 5,681.                                    | 323.                                | 1,551.                         |
| 24 | Other expenses. Itemize expenses not covered   | .,,,,,,,                 | 3,001.                                    | 343.                                |                                |
| ₩7 | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)               |                          |   | "                                   |                                |
|    | amount, list line 24e expenses on Schedule 0.)   | 2 442                    | <b> </b>                                  | <u></u>                             |                                |
| а  | FEES   | 3,440.                   | 2,124.                                    |                                     | 1,316.                         |
| þ  | DUES   | 2,809.                   | 2,390.                                    | 122.                                | 297.                           |
| C  |  | <del></del>              |   |                                     |                                |
| d  |  |                          | ļ   |                                     |                                |
|    | All other expenses   |                          | <del></del>                               |                                     |                                |
| 25 | Total functional expenses. Add lines 1 through 24e   | 411,043.                 | 304,652.                                  | 18,085.                             | 88,306.                        |
| 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)   |                          | <u> </u>                                  |                                     |                                |

NORTH CAROLINA

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 69,394. 94,435. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 180,706. 208,313. 3 3 Pledges and grants receivable, net 1,127. 189 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 1,167. 7,065. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 26,684. basis. Complete Part VI of Schedule D 10a 3,518. 23,166. 5,977. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 288,479 283.412. 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 5,296 2,192. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 2,192. 5,296. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 132,218. 146,792. Unrestricted net assets 27 149,002. 136,391. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 281,220. 283,183 Total net assets or fund balances 33 288,479. 283,412. Total liabilities and net assets/fund balances 34

|     | 990 (2016) NORTH CAROLINA  | 54-2185     | 778      | Page            | e 72        |
|-----|--|-------------|----------|-----------------|-------------|
| Pai | t XI Reconciliation of Net Assets  |             |          |                 |             |
|     | Check if Schedule O contains a response or note to any line in this Part XI  |             |          | [               |             |
|     | •  |             |          |                 |             |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)  | 1           | 413      | ,00             | 6.          |
| 2   | Total expenses (must equal Part IX, column (A), line 25)   | 2           | 411      | ,04             | 3.          |
| 3   | Revenue less expenses Subtract line 2 from line 1  | 3           | 1        | ,96             | 3.          |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4           | 281      | , 22            | 0.          |
| 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 in Schedule O)   | 9           |          |                 | 0.          |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                                     |             |          |                 |             |
|     | column (B))  | 10          | 283      | ,18             | 3.          |
| Pai | t XII Financial Statements and Reporting   |             |          |                 |             |
|     | Check if Schedule O contains a response or note to any line in this Part XII   |             |          |                 | X           |
|     |  | •           |          | Yes             | No          |
| 1   | Accounting method used to prepare the Form 990: Cash X Accrual Other   |             |          | ٠, ا            | - (         |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule                         | ).<br>)     |          |                 |             |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |             | 2a       | $\rightarrow$   | <u> </u>    |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed                        | on a        | 4        | 1               | *           |
|     | separate basis, consolidated basis, or both.   |             |          | 3               | · /         |
|     | Separate basis Consolidated basis Both consolidated and separate basis   |             |          | <u> </u>        | لـــــ      |
| 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,      | × ′      | <u> </u>        | €           |
|     | consolidated basis, or both:   |             | * .      |                 | <i>*</i>    |
|     | X Separate basis Consolidated basis Both consolidated and separate basis   | İ           | × E      |                 | £ \$        |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the                     | audit,      | <u> </u> | <del>.[ </del>  | ), Š        |
|     | review, or compilation of its financial statements and selection of an independent accountant?   |             |          | X               |             |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in Sche                     |             |          | * 1             | William Co. |
| За  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing                   | gle Audit   | *        | -4              |             |
|     | Act and OMB Circular A-133?  |             | 3a       |                 | <u>X</u> _  |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? | ed audit    |          | l               |             |
|     | or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | <del></del> | 3b       | <del>~~</del>   |             |
|     |  |             | Form 9   | 7 <b>9</b> U (2 | 2016)       |

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

CHILDREN'S LAW CENTER OF CENTRAL

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

OMB No 1545-0047

Employer identification number

Open to Public Inspection

54-2185218 NORTH CAROLINA Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions 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). 2 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, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 NORTH CAROLINA

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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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (d) 2015 (f) Total (b) 2013 (c) 2014 (e) 2016 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 242,880. 241,691. 260,200. 397,215. 375,678. 1517664. 2 Tax revenues levied for the organization'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 242,880. 241,691. 260,200. 397,215. 375,678. 4 Total. Add lines 1 through 3 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) 16,792. 6 Public support. Subtract line 5 from line 4 1500872. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (d) 2015 (c) 2014 (e) 2016 (f) Total 242,880 241,691 260,200 397.215. 375,678. 1517664. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 13 13. 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) 1517677 11 Total support. Add lines 7 through 10 218, 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.89 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 97.33 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Page 3

Schedule A (Form 990 or 990-EZ) 2016 NORTH CAROLINA

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

|  | Support ear beginning in)  | (a) 2012   | <b>(b)</b> 2013   | (c) 2014                                      | (d) 2015           | (e) 2016   | (f) Total     |
|--|--|--|---|---|--------------------|--|---------------|
| 1 Gifts, grants, conf  |  | 10/2012  | 15/2010   | 10/2017                                       | 10, 20.0           | 1 1  | 117 7 5 1 5 1 |
| membership fees  | •  | (  |   |   | 1                  |  |               |
| include any "unus  | -  | Ĺ  |   |   | 1:                 |  |               |
| 2 Gross receipts fro   |  |  |   |   |                    | 7  |               |
| merchandise sold   |  | ĺ  |   |   |                    | 1 1  |               |
| formed, or facilitie   |  | į  |   |   |                    | 1 1  |               |
| any activity that is<br>organization's tax   |  | į  |   |   |                    | 1 1  |               |
| 3 Gross receipts fro   |  |  |   |   |                    | 1  |               |
| are not an unrelat   |  |  |   |   |                    | 1  |               |
| iness under section  | •  | 1  |   |   |                    | 1  |               |
| 4 Tax revenues levie   |  |  |   |   | /                  | <del>   </del>                                   |               |
| ızatıon's benefit a  | •  | }  |   |   |                    | 1  |               |
| or expended on it  | '  | )  |   |   |                    | 1  |               |
| •  | •  | <del></del>  |   |   | <del></del>        | <del> </del>                                     |               |
| 5 The value of servi   |  | 1  |   |   |                    | 1  |               |
| furnished by a government the organization v   |  | j  |   |   |                    | 1  |               |
| •  | •  | <del></del>  |   |   |                    | <del>                                     </del> |               |
| 6 Total. Add lines 1   | •  |  |   |   |                    | <del>                                     </del> |               |
| 7a Amounts included  |  | 1  |   |   |                    | 1  |               |
|  | squalified persons   |  |   | /   |                    |  |               |
| b Amounts included on lin<br>from other than disquali  |  |  |   |   | 1                  | 1  |               |
| exceed the greater of \$5  | ,000 or 1% of the  |  |   |   | !                  | 1  |               |
| amount on line 13 for the  |  |  |   |   |                    | <del>                                     </del> |               |
| c Add lines 7a and   | •  | 3 8 8 8 9  |   |   |                    | +  |               |
| 8 Public support. (section B. Total S  |  |  | 1 1 2 2 1   | 1 1 1   |                    | * * * *  |               |
|  | <del></del>  | ( ) 2010   | 6) 0010   | ()0044  | 4 n 0045           | T (10040   | (0 T-4-1      |
| llendar year (or fiscal y  |  | (a) 2012   | <u>(b)</u> 2013   | (c) 2014                                      | (d) 2015           | (e) 2016   | (f) Total     |
| 9 Amounts from line<br>0a Gross income froi  |  | <del></del>  | /   |   |                    | <del>                                     </del> |               |
| dividends, payme<br>securities loans, ra<br>and income from  | nts received on<br>ents, royalties   |  |   |   |                    |  |               |
| <b>b</b> Unrelated business  |  |  |   |   |                    | <del> </del>                                     |               |
|  | es) from businesses  |  |   |   |                    | 1  |               |
| acquired after June  | <i>'</i>   | /  | 1   |   |                    | [  |               |
| c Add lines 10a and  |  |  |   |   |                    | +  |               |
| 1 Net income from i  |  |  | <del></del>   | <del></del>                                   | <del></del>        | <del> </del>                                     |               |
| activities not inclu   | ded in line 10b,   |  |   |   |                    |  |               |
| whether or not the   |  | /  |   |   |                    |  |               |
| regularly carried of<br>2 Other income Do  | . ,  |  |   |   |                    | <del> </del>                                     |               |
| or loss from the s   |  |  |   |   |                    |  |               |
| assets (Explain in   |  | <del> </del>   |   |   |                    | <del> </del>                                     |               |
| 3 Total support. (Add  |  |  |   |   | <u> </u>           |  |               |
| 4 First five years.  | /  | the organization's   | first, second, thir   | d, fourth, or fifth ta                        | x year as a sectio | n 501(c)(3) organizat                            | 10⊓,<br>⊾ í   |
| check this box an  |  | a Support Day  |   |   |                    | <del></del>                                      |               |
| action C. Comp   | <del></del>  |  |   | <del> </del>                                  |                    | ТТ   |               |
|  | <i>,</i> - ·   |  | •   | olumn (f))                                    | •                  | 15   |               |
| 5 Public support pe  |  | Cobodulo A Doct I  | II. line 15   |   | <del></del>        | 16   |               |
| 5 Public support pe<br>6 Public support pe   |  |  |   |   |                    |  |               |
| 5 Public support pe<br>6 Public support pe<br>ection D. Comp   | utation of Inves   | tment Income   | Percentage  |   |                    | <del>, ,</del>                                   |               |
| 5 Public support pe<br>6 Public support pe<br>ection D. Comp<br>7 Investment incom   | utation of Inves<br>e percentage for 20  | tment Income<br>16 (line 10c, colum  | Percentage<br>nn (f) divided by lir   | ne 13, column (f))                            |                    | 17   |               |
| 5 Public support pe<br>6 Public support pe<br>ection D. Comp<br>7 Investment incom<br>8 Investment incom                       | utation of Investee percentage for 20 e percentage from 2  | tment Income<br>16 (line 10c, colum<br>2015 Schedule A, F  | Percentage<br>nn (f) divided by lir<br>Part III, line 17                                  |   | ·<br>·             | 18   |               |
| 5 Public support pe<br>6 Public support pe<br>ection D. Comp<br>7 Investment incom<br>8 Investment incom<br>9a 33 1/3% support | utation of Investee percentage for 20 e percentage from tests - 2016. If the                       | tment Income<br>16 (line 10c, colum<br>2015 Schedule A, F<br>organization did no                   | Percentage<br>on (f) divided by line<br>Part III, line 17<br>of check the box of          | on line 14, and line                          |                    | 18<br>33 1/3%, and line 17                       | is not        |
| 5 Public support pe<br>6 Public support pe<br>ection D. Comp<br>7 Investment incom<br>8 Investment incom<br>9a 33 1/3% support | utation of Investee percentage for 20 e percentage from 2  | tment Income<br>16 (line 10c, colum<br>2015 Schedule A, F<br>organization did no                   | Percentage<br>on (f) divided by line<br>Part III, line 17<br>of check the box of          | on line 14, and line                          |                    | 18<br>33 1/3%, and line 17                       | is not        |
| 8 Investment incom<br>9a 33 1/3% support<br>more/than 33 1/3   | utation of Invested percentage for 20 to percentage from tests - 2016. If the 6, check this box ar | tment Income<br>16 (line 10c, colurr<br>2015 Schedule A, Forganization did no<br>id stop here. The | Percentage on (f) divided by line Part III, line 17 of check the box of organization qual | on line 14, and line<br>ifies as a publicly s | supported organiz  | 18<br>33 1/3%, and line 17                       | ▶[            |

### Part IV | Supporting Organizations

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

Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 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 (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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.)

| <b></b>            | Yes  | No                    |
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| Sche   | edule A (Form 990 or 990-EZ) 2016 NORTH CAROLINA 54   | -218521                                  | <mark>8 Р</mark> а | ige 5       |
|--------|---|--|--------------------|-------------|
| Pa     | rt IV   Supporting Organizations (continued)  |  |                    |             |
|        | •   |  | Yes                | No          |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?                                     | l l                                      | 1                  |             |
| а      | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                |  |                    |             |
|        | below, the governing body of a supported organization?  | 11a                                      |                    |             |
|        | A family member of a person described in (a) above?   | 11b                                      |                    |             |
| c      | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.       | 11c                                      |                    |             |
| Sec    | tion B. Type I Supporting Organizations   |  |                    |             |
|        |   |  | Yes                | No          |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to                         | į i                                      |                    |             |
|        | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the          | ļ  | 1                  | 1 1         |
|        | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or               | l i                                      |                    |             |
|        | controlled the organization's activities if the organization had more than one supported organization,                      | 1 1                                      | 1                  |             |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                   | <u> </u>                                 |                    | لـــــا     |
|        | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                      | 1_1_                                     |                    |             |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported                         | 1  |                    |             |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                  | 1  | . ]                | į į         |
|        | Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,                  | ļ  |                    | لـــــا     |
|        | supervised, or controlled the supporting organization.  | 2  |                    |             |
| Sec    | tion C. Type II Supporting Organizations  |  |                    |             |
|        |   | <del></del>                              | Yes                | No          |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors            |  | Ĺ, ,               |             |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control               |  | 7                  | ŷ           |
|        | or management of the supporting organization was vested in the same persons that controlled or managed                      | · · ·                                    | 7 1                | . "         |
|        | the supported organization(s).  |  |                    | <b></b>     |
| Sec    | tion D. All Type III Supporting Organizations   |  |                    | r           |
|        |   |  | Yes                | No          |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the              |  | × ×                | ≫ `'<br>≠⁄  |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax       | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | \$ 3               | 2 3         |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the      | <u> </u>                                 |                    | . 9         |
| _      | organization's governing documents in effect on the date of notification, to the extent not previously provided?            | 1 × 2 × 2                                | ·                  | ~           |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported            | * 4 4 E                                  | , ,                | , So .      |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how          | - * · ·                                  |                    | السبا       |
| •      | the organization maintained a close and continuous working relationship with the supported organization(s).                 | 2  | ( 18) ( 1.         | ·           |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a                       |  | 1 4 5              | * **        |
|        | significant voice in the organization's investment policies and in directing the use of the organization's                  | \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \  | %<br> %<br> %      | <i>5.</i> * |
|        | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                | <u> </u>                                 |                    | - 5         |
| Sec    | supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations           | 3  | اــــــا           | <u> </u>    |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct | ·onol                                    |                    |             |
| ·<br>a | The organization satisfied the Activities Test Complete line 2 below.   | ioris).                                  |                    |             |
| b      | The organization is the parent of each of its supported organizations. Complete line 3 below.                               |  |                    |             |
| c      | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se             | e instructions)                          |                    |             |
| 2      | Activities Test. Answer (a) and (b) below.  | e manachonsy.                            | Yes                | No          |
| а      |   |  | Ÿ                  | 4           |
|        | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                  | ` `                                      | , 4,               | ì           |
|        | those supported organizations and explain how these activities directly furthered their exempt purposes.                    |  | ,                  | , 4,        |
|        | how the organization was responsive to those supported organizations, and how the organization determined                   | 1  | , ,                |             |
|        | that these activities constituted substantially all of its activities.  | 2a                                       |                    |             |
| b      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more         | ,  |                    |             |
|        | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                | 1  |                    |             |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these                      | Ì  |                    | ĺ           |
|        | activities but for the organization's involvement.  | 2b                                       |                    |             |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.  |  |                    |             |
| а      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                 |  |                    | 1           |
|        | trustees of each of the supported organizations? Provide details in Part VI.  | 3a                                       |                    |             |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each         |  |                    |             |
|        | of its supported organizations? If "Yes." describe in Part VI, the role played by the organization in this regard.          | 3b                                       |                    |             |

|      | rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting                | ng Orga      |  | 4-2105210 Page 6               |
|------|---|--------------|--|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying |              |  | rt VI.) See instructions. Al   |
|      | other Type III non-functionally integrated supporting organizations must c      | _            |  | ·                              |
| Sect | ion A - Adjusted Net Income   |              | (A) Prior Year   | (B) Current Year<br>(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<br>(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)                |              |  |                                |
| а    | 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           |  |                                |
| e    | Discount claimed for blockage or other  |              | \(\frac{1}{2} \\ \frac{1}{2} \\ \fra | the gran seri                  |
|      | factors (explain in detail in Part VI)  | _            |  |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                    | 2            |  |                                |
| 3    | Subtract line 2 from line 1d  | 3            |  |                                |
| 4    | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,     |              |  | <del></del>                    |
|      | see instructions)   | 4            |  |                                |
| _5   | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5            |  |                                |
| _6   | Multiply line 5 by .035   | 6            |  |                                |
| 7    | Recovenes of prior-year distributions   | 7            |  |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                     | 8            |  |                                |
| Sect | ion C - Distributable Amount  |              |  | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1            | ,  |                                |
| 2    | Enter 85% of line 1   | 2            | 33.  |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3            | M 35   |                                |
| 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-functional  | ally integra | ated Type III supporting organ   | ization (see                   |
|      | instructions)   |              |  | •                              |

Schedule A (Form 990 or 990-EZ) 2016

54-2185218 Page 7 Schedule A (Form 990 or 990-EZ) 2016 NORTH CAROLINA Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (iii) (i) (ii) Underdistributions Distributable **Excess Distributions** Pre-2016 Amount for 2016 Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2016 а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D. line 7. a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2017. Add lines 3) and 4c Breakdown of line 7. а b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

| Schedule A                                      | (Form 990 or 990-EZ) 2016 NORTH   | CAROLINA  | 54-2185218 Page 8   |
|---|---|---|---|
| Part VI   | Supplemental Information. P<br>Part IV, Section A, lines 1, 2, 3b, 3c, 4<br>line 1; Part IV, Section D, lines 2 and 3<br>Section D, lines 5, 6, and 8; and Part V | rovide the explanations required by Part II, line 10, Part II b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectio B, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, IV, Section E, lines 2, 5, and 6. Also complete this part for | , line 17a or 17b; Part III, line 12;<br>on B, lines 1 and 2; Part IV, Section C,<br>ine 1; Part V, Section B, line 1e, Part V, |
|   | (See instructions )   |   |   |
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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Information about Schedule D (Form 990) and its instructions is at www.us.gov/form990.

2016 Open to Public Inspection

OMB No 1545-0047

CHILDREN'S LAW CENTER OF CENTRAL

NORTH CAROLINA

Employer identification number 54-2185218

| Pai | rt I Organizations Maintaining Donor Advised   | Funds or Other Similar Funds               | or Accounts Complete of the                    |
|-----|--|--|--|
|     |  |  | Complete it the                                |
|     | organization answered "Yes" on Form 990, Part IV, line   | (a) Donor advised funds                    | (b) Funds and other accounts                   |
|     | Total number at and of year  | (a) bonor advised failes                   | (b) I diles 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 wi  | <del>-</del>                               |  |
| _   | are the organization's property, subject to the organization's ex  | <del>-</del>                               | L Yes L No                                     |
| 6   | Did the organization inform all grantees, donors, and donor ad-  |  |  |
|     | for charitable purposes and not for the benefit of the donor or  | donor advisor, or for any other purpose    | <u> </u>                                       |
| Pai | impermissible private benefit?   |  | Yes No   |
|     | <del></del>  |  | Part IV, line 7.                               |
| 1   | Purpose(s) of conservation easements held by the organization  |  |  |
|     | Preservation of land for public use (e.g., recreation or ed  |  | torically important land area                  |
|     | Protection of natural habitat  | Preservation of a cer                      | tified historic structure                      |
| _   | Preservation of open space   |  |  |
| 2   | Complete lines 2a through 2d if the organization held a qualifie   | d conservation contribution in the form    |  |
|     | day of the tax year  |  | Held at the End of the Tax Year                |
| a   | Total number of conservation easements   | •  | 2a   |
| b   | Total acreage restricted by conservation easements   |  | 26   |
| С   | Number of conservation easements on a certified historic struc   | • •  | 2c   |
| d   | Number of conservation easements included in (c) acquired aff  | ter 8/17/06, and not on a historic structi | i i  |
| _   | listed in the National Register  |  | 2d ]   |
| 3   | Number of conservation easements modified, transferred, release  | ased, extinguished, or terminated by the   | e organization during the tax                  |
|     | year ▶   |  |  |
| 4   | Number of states where property subject to conservation ease   |  |  |
| 5   | Does the organization have a written policy regarding the pend   | • •  |  |
|     | violations, and enforcement of the conservation easements it h   | • • •                                      | Yes No   |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, has   | andling of violations, and enforcing cons  | servation easements during the year            |
|     | <u> </u>   |  |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, handling  | ng of violations, and enforcing conserva   | tion easements during the year                 |
|     | <b>\$</b>  |  |  |
| 8   | Does each conservation easement reported on line 2(d) above  | satisfy the requirements of section 170    |  |
| _   | and section 170(h)(4)(B)(ii)?  |  | . Yes No                                       |
| 9   | In Part XIII, describe how the organization reports conservation   |  |  |
|     | include, if applicable, the text of the footnote to the organization   | on's financial statements that describes   | the organization's accounting for              |
| Da  | conservation easements. rt III   Organizations Maintaining Collections of A  | Art Wistorical Transverse or Of            | Non Cimilar Acceta                             |
| Pai | <del></del>  |  | ther Sillillar Assets.                         |
|     | Complete if the organization answered "Yes" on Form 9  |  |  |
| 12  | If the organization elected, as permitted under SFAS 116 (ASC  | ·  |  |
|     | historical treasures, or other similar assets held for public exhibitions and the state of the s |  | ince of public service, provide, in Part XIII, |
|     | the text of the footnote to its financial statements that describe   |  |  |
| b   | If the organization elected, as permitted under SFAS 116 (ASC  |  |  |
|     | treasures, or other similar assets held for public exhibition, edu   | ication, or research in furtherance of pu  | blic service, provide the following amounts    |
|     | relating to these items:   |  |  |
|     | (i) Revenue included on Form 990, Part VIII, line 1  | • •  | <b>\$</b>                                      |
|     | (ii) Assets included in Form 990, Part X   |  | <b>&gt;</b> \$                                 |
| 2   | If the organization received or held works of art, historical treas  |  | al gain, provide                               |
|     | the following amounts required to be reported under SFAS 116   | 6 (ASC 958) relating to these items.       |  |
| а   | Revenue included on Form 990, Part VIII, line 1  |  | <b>&gt;</b> \$                                 |
| b   | Assets included in Form 990, Part X  |  | <b>▶ \$</b>                                    |

## CHILDREN'S LAW CENTER OF CENTRAL NORTH CAROLINA

|      | dule D (Form 990) 2016 NORTH C   |                         |                |               |                                       |             |             | 54-21         |                                       |   |
|------|--|-------------------------|----------------|---------------|---------------------------------------|-------------|-------------|---------------|---------------------------------------|---|
| Par  | t III   Organizations Maintaining C  | ollections of Ar        | t, Histo       | orical Tre    | asures, or                            | Other       | Simila      | r Assets      | (continu                              | red)                                    |
| 3    | Using the organization's acquisition, accession                                  | on, and other record    | s, check       | any of the f  | ollowing that                         | are a sig   | gnificant u | ise of its c  | ollection it                          | tems                                    |
|      | (check all that apply):  |                         |                |               |                                       |             |             |               |                                       |   |
| а    | Public exhibition  | d                       |                |               | hange progra                          | ıms         |             |               |                                       |   |
| b    | Scholarly research   | •                       |                | Other         |                                       |             |             |               |                                       |   |
| С    | Preservation for future generations  |                         |                |               |                                       |             |             |               |                                       |   |
| 4    | Provide a description of the organization's co                                   |                         |                |               |                                       |             |             | se in Part    | XIII                                  |   |
| 5    |  |                         |                |               |                                       |             |             |               |                                       |   |
| 10-  | to be sold to raise funds rather than to be ma                                   |                         |                |               |                                       |             |             |               | Yes                                   | No                                      |
| Par  | t IV Escrow and Custodial Arran  |                         | ete ıf the     | organizatio   | n answered "                          | 'Yes" on    | Form 990    | ), Part IV, I | ıne 9, or                             |   |
|      | reported an amount on Form 990, Par  | <del></del>             |                |               |                                       |             |             |               |                                       |   |
| 1a   | Is the organization an agent, trustee, custodi                                   | an or other intermed    | liary for o    | contributions | s or other ass                        | sets not i  | ncluded     |               | -                                     |   |
|      | on Form 990, Part X?   |                         |                |               |                                       |             |             |               | Yes                                   | L No                                    |
| b    | If "Yes," explain the arrangement in Part XIII                                   | and complete the fo     | liowing t      | able:         |                                       |             |             |               |                                       |   |
|      | _  |                         |                |               |                                       |             |             |               | Amount                                |   |
|      | Beginning balance  | •                       |                |               |                                       |             | 1c          |               |                                       |   |
| d    | Additions during the year  |                         |                |               |                                       | •           | <u>1d</u>   |               |                                       |   |
| е    | Distributions during the year  | •                       |                |               |                                       |             | 1e          |               |                                       |   |
| f    | Ending balance   |                         |                | •             | •                                     |             | 11          | L             | <del></del>                           | <del></del>                             |
|      | Did the organization include an amount on Fo                                     |                         |                |               |                                       |             | rty?        | ــا .         | Yes                                   | ∐ No                                    |
| Par  | If "Yes," explain the arrangement in Part XIII.                                  |                         |                |               |                                       |             |             |               | · · · · · · · · · · · · · · · · · · · | <del></del>                             |
| 1 01 | t V   Endowment Funds. Complete  |                         |                |               | 7                                     |             |             | <del></del>   | 4 > 5                                 |   |
|      |  | (a) Current year        | (b) P          | rior year     | (c) Two year                          | rs back     | (d) Three   | years back    | (e) Four                              | years Dack_                             |
| 1a   | Beginning of year balance  |                         | <del> </del> - | <del></del>   | <b> </b>                              |             |             |               |                                       |   |
| þ    | Contributions  | <del></del>             |                |               | <b></b>                               |             |             |               |                                       |   |
| С    | Net investment earnings, gains, and losses                                       |                         |                |               | <del> </del>                          |             |             |               |                                       |   |
| d    | Grants or scholarships   |                         | <b> </b>       |               | <del> </del>                          |             |             |               |                                       |   |
| е    | Other expenditures for facilities  |                         | }              |               | }                                     | }           |             | ļ             |                                       |   |
|      | and programs   |                         | <b> </b>       |               | }                                     |             |             |               |                                       |   |
|      | Administrative expenses  |                         |                |               | <del></del>                           |             |             |               |                                       |   |
| g    | End of year balance  |                         |                |               | No. 1.1 and                           |             |             |               |                                       |   |
| 2    | Provide the estimated percentage of the curr                                     | ent year end balanc     |                | ), column (a) | ) neid as:                            |             |             |               |                                       |   |
| a    | Board designated or quasi-endowment  | %                       | %              |               |                                       |             |             |               |                                       |   |
| b    | Permanent endowment  |                         |                |               |                                       |             |             |               |                                       |   |
| С    | Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and 2c shot | %                       |                |               |                                       |             |             |               |                                       |   |
| 20   | Are there endowment funds not in the posse                                       |                         | stion tha      | t are beld as | al administra                         | ad for th   |             | ntian         |                                       |   |
| 34   |  | ssion of the organiza   | auon ma        | t are neid ar | io auminister                         | ea for th   | e organiza  | 2000          | Γ,                                    | Yes No                                  |
|      | by. (i) unrelated organizations  |                         |                |               |                                       |             |             |               |                                       | TES NO                                  |
|      | (ii) related organizations   |                         |                | •             |                                       |             |             |               | 3a(i)                                 |   |
| h    | If "Yes" on line 3a(ii), are the related organiza                                | tions listed as regulir | ed on S        | chadula P2    |                                       |             | •           |               | 3a(ii)<br>3b                          |   |
| 4    | Describe in Part XIII the intended uses of the                                   | •                       |                |               |                                       |             |             |               | <u> </u>                              |   |
| _    | t VI Land, Buildings, and Equipm   |                         | Willielle I    | unus          |                                       |             |             |               |                                       |   |
|      | Complete if the organization answered  |                         | ) Part IV      | / line 11a S  | see Form 990                          | Part X      | line 10     |               |                                       |   |
|      | Description of property  | (a) Cost or o           |                |               | or other                              |             | ccumulate   |               | (d) Book                              | value                                   |
|      | becomplien of property   | basis (investr          |                |               | (other)                               | ` '         | preciation  | 1             | (d) Dook                              | Value                                   |
| 1a   | Land   | ,                       |                |               | · · · · · · · · · · · · · · · · · · · |             |             |               |                                       |   |
|      | Buildings  | <del></del>             |                | <del></del>   |                                       | <del></del> |             | <del></del>   | <del></del>                           |   |
| c    | Leasehold improvements   |                         |                | <del></del>   |                                       |             |             |               | <del></del>                           | <del></del>                             |
| d    | Equipment  |                         |                | 2             | 6,684.                                |             | 23,1        | 66.           | 3                                     | ,518.                                   |
|      | Other  | <del></del>             |                | <u>_</u>      | -,                                    |             |             | <del></del>   | <u>~</u>                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|      | Add lines 1a through 1a (Catuma (d) must a                                       |                         |                | <u> </u>      |                                       |             |             |               |                                       | 518                                     |

| Schedule D (Form 990) 2016 | NORTH CAROLINA    |
|----------------------------|-------------------|
| Part VII Investments -     | Other Securities. |

|  |                                       | e 11b See Form 990,                              |                        |                                       |
|--|---------------------------------------|--|------------------------|---------------------------------------|
| (a) Description of security or category (including name of security)   | (b) Book value                        | (c) Method of v                                  | valuation Cost or end  | i-of-year market value                |
| (1) Financial derivatives  |                                       |  |                        |                                       |
| (2) Closely-held equity interests  |                                       |  |                        | <u> </u>                              |
| (3) Other  |                                       |  |                        |                                       |
| (A)  | · · · · · · · · · · · · · · · · · · · |  |                        |                                       |
| (B)  | _ <del>-</del>                        | <u>.l</u>  |                        |                                       |
| _(C)   | <del></del>                           | T  |                        |                                       |
| (D)  |                                       |  |                        |                                       |
| (E)  |                                       |  |                        |                                       |
| (F)  |                                       |  |                        |                                       |
| (G)  |                                       | T  |                        |                                       |
| (H)  |                                       |  |                        |                                       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   |                                       | †  |                        |                                       |
| Part VIII Investments - Program Related.   |                                       | <del></del>                                      | <del></del>            | <del></del>                           |
| Complete if the organization answered "Yes" or   | on Form 990, Part IV, line            | e 11c. See Form 990.                             | Part X. line 13.       |                                       |
| (a) Description of investment  | (b) Book value                        |  | valuation: Cost or end | I-of-vear market value                |
| (1)  | ,, ·                                  | <del>  '-'-</del>                                |                        |                                       |
| (2)  |                                       | <del>                                     </del> |                        |                                       |
| (3)  |                                       | +  |                        |                                       |
|  | <del></del>                           | +  |                        | <del></del>                           |
| (4)  | <del></del>                           | +  |                        |                                       |
| (5)  |                                       | +  | <del></del>            | <del></del>                           |
|  | <del></del>                           | <del> </del>                                     |                        |                                       |
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| (8)  | <del></del>                           | <del> </del>                                     |                        |                                       |
|  | <del></del>                           | <del>                                     </del> | *** /, / / /           |                                       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶   Part IX Other Assets.   | <del></del>                           | <u> </u>   | *# 3, 6 /              | · >, '- 'n                            |
| <u></u>  | F 000 D-+ N/ I                        | - 44   | D-4 V I 45             |                                       |
| Complete if the organization answered "Yes" o  |                                       | 3 110 See Form 990,                              | Part X, line 15.       | (E) Book value                        |
| _ <del></del>  | Description                           |  |                        | (b) Book value                        |
|  |                                       |  |                        |                                       |
| (2)  |                                       |  |                        |                                       |
| (3)  |                                       |  |                        |                                       |
| (4)  |                                       |  |                        | <u> </u>                              |
| (5)  |                                       |  |                        | <u> </u>                              |
| (6)  |                                       |  |                        |                                       |
|  |                                       |  | ·                      |                                       |
|  |                                       |  |                        |                                       |
| (8)  |                                       |  |                        | <del></del>                           |
| (8)  |                                       |  |                        |                                       |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line  | 15.)                                  |  |                        |                                       |
| (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  |                                       |  |                        |                                       |
| (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of  |                                       |  | n 990, Part X, line 25 |                                       |
| (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  |                                       | e 11e or 11f See Form                            |                        |                                       |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of   |                                       |  |                        | , ^                                   |
| (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the image of the imag |                                       |  |                        | , , , , , , , , , , , , , , , , , , , |
| (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization of liability  (1) Federal income taxes  |                                       |  |                        | , , , , , , , , , , , , , , , , , , , |
| (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of 1.  (a) Description of liability  (1) Federal income taxes  (2)  (3)   |                                       |  |                        | , ^                                   |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of 1.  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)   |                                       |  |                        | , , , , , , , , , , , , , , , , , , , |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line.  Part X Other Liabilities.  Complete if the organization answered "Yes" of 1.  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)   |                                       |  |                        | , , , , , , , , , , , , , , , , , , , |
| (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line.  Part X Other Liabilities.  Complete if the organization answered "Yes" of 1.  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)   |                                       |  |                        | , , , , , , , , , , , , , , , , , , , |
| (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the image of the imag |                                       |  |                        | , , , , , , , , , , , , , , , , , , , |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of 1.  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)   |                                       |  |                        | , , , , , , , , , , , , , , , , , , , |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

54-2185218 Page 4 NORTH CAROLINA chedule D (Form 990) 2016 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complète if the organization answered "Yes" on Form 990, Part IV, line 12a. 735,427. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains (losses) on investments 2a 314,775 b Donated services and use of facilities **2**b c Recoveries of prior year grants 2c 7.646. d Other (Describe in Part XIII) 2d 322,421. e Add lines 2a through 2d 2e 413,006. 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 b Other (Describe in Part XIII ) c Add lines 4a and 4b 4c 413,006. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. 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 733,464. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX, line 25: 314,775 a Donated services and use of facilities b Pnor year adjustments **2**b c Other losses 2c 7,646 d Other (Describe in Part XIII) 322,421. e Add lines 2a through 2d 2e 411,043. Subtract line 2e from line 1 3 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 b Other (Describe in Part XIII.) 4b 0. c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990 043. 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: THE CENTER'S PRIMARY TAX POSITIONS RELATE TO ITS STATUS AS A NOT-FOR-PROFIT ENTITY EXEMPT FROM INCOME TAXES AND CLASSIFICATION OF ACTIVITIES RELATED TO ITS EXEMPT PURPOSE. IT IS THE OPINION OF MANAGEMENT THAT THE CENTER HAS NO UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO CHANGE UPON EXAMINATION. PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES NETTED WITH REVENUE 7,646. PART XII, LINE 2D - OTHER ADJUSTMENTS:

7.646.

FUNDRAISING EXPENSES NETTED WITH REVENUE

| Schedule D (Form 990) 2016                                 | CHILDE<br>NORTH | REN'S<br>CAROI | LAW          |                 |   | CENTRAL       |              | 54-2185218    | Page 5                                  |
|--|-----------------|----------------|--------------|-----------------|---|---------------|--------------|---------------|---|
| Schedule D (Form 990) 2016 Part XIII   Supplemental Inform | mation 6        | entraued)      |              |                 |   |               |              |               | T ugo o                                 |
|  |                 |                |              |                 |   |               |              |               | - · · · · · · · · · · · · · · · · · · · |
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### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 CHILDREN'S LAW CENTER OF CENTRAL

OMB No 1545-0047

Open to Public Inspection

| Name of the organization CHILDRE   | N'S LAW CENTER OF   | CENT  | 'RAI              |  |       | Employer ide   | ntification number                                      |  |
|--|---|---|-------------------|--|-------|--|---|--|
| NORTH C  | AROLINA   |   |                   |  |       | 54-2185  | 218   |  |
| Part I Fundraising Activities required to complete this par  | Complete if the organization answet   | red "Y  | es" or            | Form 990, Part IV, I                               | ine 1 | 7. Form 990-EZ   | filers are not  |  |
| Indicate whether the organization rais     Mail solicitations     Internet and email solicitations   | e Solicitat   | ion of  | non-g             | Check all that apply overnment grants nment grants |       |  |   |  |
| c Phone solicitations d In-person solicitations  |   |   |                   |  |       |  |   |  |
| <ul> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indirection compensated at least \$5,000 by the</li> </ul> | art VII) or entity in connection with prividuals or entities (fundraisers) pursua | ofessi  | onal fu           | undraising services?                               |       | Yes  |   |  |
| Compensated at least \$5,000 by the  | organization.   |   |                   |  |       |  |   |  |
| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity   | (iii)<br>fundr<br>have co<br>or con<br>contribu | ustody<br>trol of | (iv) Gross receipts from activity                  | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |  |
|  |   | Yes   | No                |  |       |  |   |  |
|  |   |   |                   | <u> </u>   |       |  |   |  |
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|  | ***************************************   |   |                   |  |       |  |   |  |
|  |   |   |                   |  |       |  |   |  |
| Total  |   |   |                   |  |       |  |   |  |
| 3 List all states in which the organization or licensing.  | on is registered or licensed to solicit o   | contrib   | utions            | or has been notified                               | rt ıs | exempt from re   | gistration  |  |
|  |   |   |                   |  |       | <del></del>  |   |  |
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Schedule G (Form 990 or 990-EZ) 2016 NORTH CAROLINA

| ٢               | IIT 1      | of fundraising Events. Complete if the   | ~                                     | •                         | •                     | ·  |
|-----------------|------------|--|---------------------------------------|---------------------------|-----------------------|--|
|                 |            | ,  | (a) Event #1<br>BIRTHDAY<br>BLAST     | (b) Event #2              | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) |
| ē               |            |  | (event type)                          | (event type)              | (total number)        |  |
| Revenue         | 1          | Gross receipts .   | 83,766.                               |                           |                       | 83,766.  |
|                 | 2          | Less. Contributions  | 83,766.                               |                           |                       | 83,766.  |
|                 | 3          | Gross income (line 1 minus line 2)   |                                       |                           |                       |  |
|                 |            |  |                                       |                           |                       |  |
|                 | 4          | Cash prizes  |                                       |                           |                       | <del> </del>                                     |
| ဟ               | 5          | Noncash prizes   |                                       |                           |                       |  |
| esued           | 6          | Rent/facility costs  |                                       |                           |                       |  |
| Direct Expenses | 7          | Food and beverages   | ļ                                     |                           |                       |  |
| Ω               | 8          | Entertainment  |                                       |                           |                       |  |
|                 | 9          | Other direct expenses  | 7,646.                                |                           |                       | 7,646.   |
|                 | 10         | Direct expense summary Add lines 4 through                                     | n 9 ın column (d)                     |                           | <b>&gt;</b>           | 7,646.   |
| Da              | 11<br>rt 1 | Net income summary. Subtract line 10 from li                                   |                                       |                           |                       | <7,646.>   |
|                 |            | II Gaming. Complete if the organization s<br>\$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form                | 990, Part IV, line 19, or | reported more than    |  |
| _               |            | \$10,000 of 1 of 11 odd CZ, 11 odd.  | () 5                                  | (b) Pull tabs/instant     |                       | (d) Total gaming (add                            |
| Revenue         |            |  | (a) Bingo                             | bingo/progressive bingo   | (c) Other gaming      | col. (a) through col (c))                        |
| <b>3eve</b>     |            |  | -                                     |                           |                       |  |
|                 | 1_         | Gross revenue  |                                       | <del></del>               |                       |  |
|                 | 2          | Cash prizes  |                                       |                           |                       |  |
| ses             | ~          | Oddit prized   |                                       | <del> </del>              |                       |  |
| Direct Expenses | 3          | Noncash prizes .   |                                       |                           |                       |  |
| Direct          | 4          | Rent/facility costs  |                                       |                           |                       |  |
|                 | 5          | Other direct expenses  |                                       |                           |                       |  |
|                 |            |  | Yes%                                  | Yes %                     | Yes %                 |  |
|                 | 6          | Volunteer labor  | No                                    | No                        | No                    | *          |
|                 | 7          | Direct expense summary. Add lines 2 through                                    | n 5 ın column (d)                     |                           |                       |  |
|                 | Ω          | Net gaming income summary Subtract line 7                                      | from line 1 column (d)                |                           | _                     |  |
|                 |            | Net garming income summary Subtract line 7                                     | montaine i, column (d)                | <del></del>               |                       | <u> </u>   |
| 9               | Ent        | er the state(s) in which the organization condu                                | icts gaming activities.               |                           |                       |  |
|                 |            | he organization licensed to conduct gaming ac                                  | ctivities in each of these s          | states?                   |                       | Yes No   |
| b               | lf "I      | No," explain:  | ·                                     |                           |                       |  |
|                 |            |  | · · · · · · · · · · · · · · · · · · · |                           |                       | <del></del>                                      |
|                 |            | ere any of the organization's gaming licenses re                               |                                       | •                         | year?                 | Yes No   |
| b               | 11 "       | Yes," explain.   | <del></del>                           |                           |                       |  |
|                 |            | ······································   |                                       |                           |                       |  |
|                 | _          | <del></del>  | <del></del>                           | <del></del>               | <del></del>           |  |

54-2185218 Page 2

| Sch | nedule G (Form 990 or 990-EZ) 2016 NORTH CAROLINA  | 54-2         | 185 <u>218</u> | Page 3      |
|-----|--|--------------|----------------|-------------|
|     | Does the organization conduct gaming activities with nonmembers?   |              | Yes            | ☐ No        |
|     | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed    |              |                |             |
|     | to administer charitable gaming?   |              | Yes            | ☐ No        |
| 13  | Indicate the percentage of gaming activity conducted in:   |              |                |             |
|     | The organization's facility  | 1            | 13a            | %           |
|     | An outcide feetity   |              | 13b            | %           |
|     | Enter the name and address of the person who prepares the organization's gaming/special events books and record          | s.           |                | <del></del> |
| 17  | The file half address of the person who prepares the organization's gaining special events books and record              | J.           |                |             |
|     | Name   |              |                |             |
|     | Address  |              |                |             |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue?           |              | Yes            | ☐ No        |
| ŀ   | o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo                             | unt          |                |             |
|     | of gaming revenue retained by the third party > \$   |              |                |             |
| •   | c If "Yes," enter name and address of the third party:   |              |                |             |
|     |  |              |                |             |
|     | Name   |              |                |             |
|     | Address  |              |                |             |
| 16  | Gaming manager information.  |              |                |             |
|     | Name ▶   | <u>-</u>     |                |             |
|     | Gaming manager compensation ▶ \$   |              |                |             |
|     | December of consequented N   |              |                |             |
|     | Description of services provided   |              | <del></del>    |             |
|     |  |              |                |             |
|     |  |              | •              |             |
|     | Director/officer Employee Independent contractor   |              |                |             |
|     |  |              |                |             |
| 17  | Mandatory distributions:   |              |                |             |
| á   | a Is the organization required under state law to make charitable distributions from the gaming proceeds to              |              |                |             |
|     | retain the state gaming license?   |              | Yes            | ☐ No        |
| Ŀ   | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ii | n the        |                |             |
|     | organization's own exempt activities during the tax year > \$  |              |                | _           |
| Pa  | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and P             | art III, Iın | es 9, 9b, 10l  | o, 15b,     |
| _   | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions                               |              | <del></del>    |             |
|     |  |              |                |             |
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|            |  | CHILDE          | REN'S    | LAW  | CENTER | OF | CENTRA  | AL.     | E4 010E010                            |             |
|------------|--|-----------------|----------|------|--------|----|---------|---------|---------------------------------------|-------------|
| Schedule G | (Form 990 or 990-EZ) Supplemental Inform | NORTH<br>mation | CARO     | LINA |        |    |         |         | 54-2185218                            | Page 4      |
| Liaitiv    | , cappiemental imon                      | mation (co      | ntinued) |      |        |    |         |         | ===                                   |             |
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### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

CHILDREN'S LAW CENTER OF CENTRAL NORTH CAROLINA

Employer identification number 54-2185218

| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:            |
|---|
| EMOTIONALLY HEALTHY ADULTS.   |
|   |
| FORM 990, PART VI, SECTION B, LINE 11B:                                     |
| THE FORM 990 IS EMAILED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING.    |
| ANY QUESTIONS ARE ADDRESSED BY STAFF OR THE ACCOUNTING FIRM WHO PREPARED    |
| THE RETURN.   |
| FORM 990, PART VI, SECTION B, LINE 12C:                                     |
| ANNUALLY, BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST FORM    |
| THAT DISCLOSES ANY POTENTIAL CONFLICTS. THE EXECUTIVE DIRECTOR REVIEWS      |
| THESE FORMS AND ENFORCES COMPLIANCE WITH THE POLICY.                        |
| FORM 990, PART VI, SECTION B, LINE 15:                                      |
| COMPENSATION RANGES ARE DETERMINED BY USING COMPARABILITY DATA FROM SIMILAR |
| NONPROFITS. THE EXECUTIVE COMMITTEE OF THE BOARD SETS SALARIES AT A         |
| REASONABLE LEVEL.   |
| FORM 990, PART VI, SECTION C, LINE 19:                                      |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY |
| AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.              |
| FORM 990, PART XII, LINE 2C:  |
| THE OVERSIGHT/SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.        |