

Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year beginning 07/01, 2001, and ending 06/30/2002

Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: NC CHILD ADVOCACY INSTITUTE. D Employer identification number: 58-1534066. E Telephone number: (919) 834-6623. F Accounting method: Cash [X] Accrual [ ] Other (specify) [ ]

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? (If "No" attach a list. See instructions.) Yes [ ] No [X]

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]

I Enter 4-digit GEN

M Check [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Web site

J Organization type (check only one) [X] 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 786,236

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (Total: 767,144); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments (Total: 519); 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities (attach schedule); 9a Gross revenue (not including \$ of contributions reported on line 1a) of \$TMT 2 11,818; 9b Less direct expenses other than fundraising expenses 7,062; 9c Net income or (loss) from special events (subtract line 9b from line 9a) 4,756; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a); 11 Other revenue (from Part VII, line 103) 6,755; 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 779,174; 13 Program services from line 44, column (B) 585,161; 14 Management and general (from line 44, column (C)) 96,621; 15 Fundraising (from line 44, column (D)) 33,109; 16 Payments to affiliates (attach schedule); 17 Total expenses (add lines 16 and 44, column (A)) 714,891; 18 Excess or (deficit) for the year (subtract line 17 from line 12) 64,283; 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 523,309; 20 Other changes in net assets or fund balances (attach explanation); 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 587,592.

For Paperwork Reduction Act Notice, see the separate instructions

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	72,917.	54,687	10,938.
26	Other salaries and wages	26	187,128	142,456.	41,967.
27	Pension plan contributions	27			2,705.
28	Other employee benefits	28	36,145	25,661	9,505
29	Payroll taxes	29	20,188.	17,051	2,226
30	Professional fundraising fees	30			911
31	Accounting fees	31	10,900.		10,900
32	Legal fees	32	6,933		6,933.
33	Supplies	33	4,057	409	3,648.
34	Telephone	34	6,652	295	6,357.
35	Postage and shipping	35	11,451	9,156	2,190
36	Occupancy	36			105.
37	Equipment rental and maintenance	37	5,852.		5,852
38	Printing and publications	38	7,445.	7,378	67.
39	Travel	39	4,499	3,873	230.
40	Conferences, conventions, and meetings	40	5,247	4,943	396.
41	Interest	41	4,530		4,530.
42	Depreciation depletion etc (attach schedule)	42	17,373	12,886	3,920
43	Other expenses not covered above (itemize) <b>STMT 3</b>	43a	313,574	306,366.	-12,575
	b	43b			19,783.
	c	43c			
	d	43d			
	e	43e			
44	<b>Total functional expenses</b> (add lines 22 through 43) <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	44	714,891	585,161	96,621.
					33,109.

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)**

What is the organization's primary exempt purpose? **STMT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

a	<u>CHILD MALTREATMENT AND FATALITIES</u>	(Grants and allocations \$ _____)	56,040
b	<u>KNOWLEDGE EXCHANGE</u>	(Grants and allocations \$ _____)	175,573
c	<u>GENERAL PROGRAM</u>	(Grants and allocations \$ _____)	120,694
d	<u>COALITIONS AND COMMITTEES</u>	(Grants and allocations \$ _____)	59,986.
e	Other program services (attach schedule) <b>STMT 5</b>	(Grants and allocations \$ _____)	172,868
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		585,161.

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	76,109	45	4,556
	46 Savings and temporary cash investments	14,614	46	15,733
	47a Accounts receivable	14,823		
	b Less allowance for doubtful accounts		8,638	14,823
	48a Pledges receivable	6,350		
	b Less allowance for doubtful accounts	1,750	5,094	4,600
	49 Grants receivable	50,443	49	283,294
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	10,554	53	11,609
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	482,301			
b Less accumulated depreciation (attach schedule)	122,037	376,515	57c	360,264
58 Other assets (describe <input type="checkbox"/> )		58		
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>541,967</b>	<b>59</b>	<b>694,879</b>	
Liabilities	60 Accounts payable and accrued expenses	18,658	60	19,987
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	NONE	64b	87,300
	65 Other liabilities (describe <input type="checkbox"/> )		65	
<b>66 Total liabilities (add lines 60 through 65)</b>	<b>18,658</b>	<b>66</b>	<b>107,287</b>	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	200,710	67	147,956
	68 Temporarily restricted	115,000	68	232,037
	69 Permanently restricted	207,599	69	207,599
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	<b>73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21)</b>	<b>523,309</b>	<b>73</b>	<b>587,592</b>
	<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	<b>541,967</b>	<b>74</b>	<b>694,879</b>

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.





**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)**

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	519.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	4,756	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b <b>PARKING INCOME</b>	81293C	4,540			
c <b>MISCELLANEOUS</b>					2,215
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		4,540		5,275	2,215
105 Total (add line 104, columns (B), (D), and (E))					12,030

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103C	FUNDS RECEIVED & USED TO PROMOTE CHILD ADVOCACY ISSUES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign: Anntha P. Sher Date: 10 Feb., 2003  
SIDENT, NCCAI

Date	Check if	Preparer's SSN or PTIN (See Gen. Inst. W)
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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2001**

Name of the organization

**NC CHILD ADVOCACY INSTITUTE**

Employer identification number

**58-1534066**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>PAULA WOLF</b> ----- <b>RALEIGH, NC</b>	<b>SENIOR FELLOW</b>  <b>FULL-TIME</b>	<b>55,000</b>	<b>8,424</b>	<b>NONE</b>
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Total number of other employees paid over \$50,000 ▶	<b>NONE</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b> -----		
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Total number of others receiving over \$50,000 for professional services ▶	<b>NONE</b>	

**Part III** Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>14,444</u> (Must equal amount on line 38, Part VI-A, or line 1 or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE 990, PART V.	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12  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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

*Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	526,926	122,439	97,141	543,467	1,289,973
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	23,077	183,637	440,135	142,387	789,236
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	12,959	12,208	11,700	9,513	46,380
19 Net income from unrelated business activities not included in line 18	6,140				6,140
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	STMT 7 1,431	892	4,836		7,159
23 Total of lines 15 through 22	570,533	319,176	553,812	695,367	2,138,888
24 Line 23 minus line 17	547,456	135,539	113,677	552,980	1,349,652
25 Enter 1% of line 23	5,705	3,192	5,538	6,954	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	NOT APPLICABLE	▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts.			▶	26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)			▶	26c	
d Add Amounts from column (e) for lines	18 _____	19 _____			
	22 _____	26b _____	▶	26d	
e Public support (line 26c minus line 26d total)			▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			▶	26f	%

27 Organizations described on line 12 a For amounts included in lines 15, 16 and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year

(2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_

c Add Amounts from column (e) for lines	15	1,289,973	16			
	17	789,236	20	21		
d Add Line 27a total					▶	27c 2,079,209
e Public support (line 27c total minus line 27d total)					▶	27e 2,079,209
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)				▶	27f	2,138,888
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				▶	27g	97.2098 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				▶	27h	2.1684 %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 29-35 regarding racial nondiscrimination policies, financial aid, and applicable requirements.

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  a if the organization belongs to an affiliated group  
 Check  b if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	5,805.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	8,639
38	Total lobbying expenditures (add lines 36 and 37)	38	14,444.
39	Other exempt purpose expenditures	39	700,447
40	Total exempt purpose expenditures (add lines 38 and 39)	40	714,891.
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 . . . . . 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000	41	132,234
42	Grassroots nontaxable amount (enter 25% of line 41)	42	33,059
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	132,234	133,364			265,598
46					398,397.
47	14,444	19,491.			33,935.
48	33,058	33,341			66,399.
49					99,599.
50	5,805.	6,651.			12,456.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h )			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h )			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CANDY- HOCKEY PUCK SALES	11,818.	7,062.	4,756.
TOTALS	11,818.	7,062.	4,756.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONSULTANTS	25,230.	14,863.	2,000.	8,367.
DUES & SUBSCRIPTIONS	2,791.	2,711.		80.
FEES	3,737.		3,507.	230.
FELLOWS	126,446.	117,356.		9,090.
TECHNOLOGY	16,612.	16,612.		
MATERIALS	769.	710.		59.
BUILDING MAINT. & SUPPLIES	6,697.		6,697.	
OTHER EXPENSES	107,349.	105,750.	1,599.	660.
PROF. SRV & FEES ALLOCATION		11,928.	-12,588.	
INSURANCE	3,353.		3,353.	
OFFICE EXPENSE ALLOCATION		24,780.	-25,898.	1,118.
INTERNS	1,350.	1,350.		
INCOME TAX EXPENSE	2,577.		2,577.	
UTILITIES	5,430.		5,430.	
TEMPORARY SERVICES	11,233.	10,306.	748.	179.
TOTALS	313,574.	306,366.	-12,575.	19,783.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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TO PROVIDE SYSTEMATIC AND LONG-TERM ADVOCACY ON BEHALF OF NORTH CAROLINA'S CHILDREN AND THEIR FAMILIES.

FORM 990, PART III - OTHER PROGRAM SERVICES

DESCRIPTION	EXPENSES
ANAYLSIS RESEARCH AND DEVELOPMENT	67,039.
CHILDREN'S INDEX	11,198.
BOARD ACTIVITIES	22,443.
LOBBYING	14,444.
INFORMATION MATERIALS	6,433.
STATE OF THE BLACK CHILD	9,304.
ISSUE BRIEFS	11,416.
CHILD HOMICIDE STUDY	15,760.
ORGANIZATION DEVELOPMENT AND EVALUATION	14,831.
TOTALS	172,868.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

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DESCRIPTION -----	AMOUNT -----
INVESTMENT RETURN IN EXCESS OF AMOUNTS DESIGNATED FOR CURRENT OPERATIONS	320.
	-----
TOTAL	320.
	-----
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SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2000	1999	1998	1997	TOTAL
OTHER	1,431.	892.	4,836.		7,159.
TOTALS	1,431.	892.	4,836.		7,159.

**2002 BOARD OF DIRECTORS**  
**NORTH CAROLINA CHILD ADVOCACY INSTITUTE**

January, 2002

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(1995)

*\*Member, Executive Committee  
(Year first elected to Board)*

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)**

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization <b>NC CHILD ADVOCACY INSTITUTE</b>	Employer identification number <b>58-1534066</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>311 EAST EDENTON STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>RALEIGH, NC 27601</b>	

Check type of return to be filed (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)               | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)    | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                            | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 02/17, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning 07/01, 2001, and ending 06/30, 2002

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete and that I am authorized to prepare this form.

Signature ▶ Laurie M. Min Title ▶ CPA Date ▶ 11/7/02

For Paperwork Reduction Act Notice, see instruction Form **8868** (12 2000)