Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Depa	n 99 Introduction of the Transl Revenue Ser	Und	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.										2015 Open to Public Inspection			
AF	or the 201	5 calendar ye	ar, or ta	x year beg	ginning	0	7/01,2015	5, and	d ending		06/	30, 20 1	6			
_		C Name of organ	ization							D Employer id	entificati	on number				
Bc	heck if applicable:	EDUCATIO	ONNC		20-562	25322										
	Address change	Doing business	as													
	Name change	Number and s	treet (or P	.O. box if mail	is not delivered to	street addr	ess)	Roor	n/suite	E Telephone n	umber					
	Initial return	PO BOX 1	636							(919) 5	39-48	51				
	Final return/ terminated	City or town, s	tate or pro	ovince, country	, and ZIP or foreig	gn postal co	de									
	Amended return	RALEIGH,	, NC 2	7602						G Gross receip	ts \$	5	89,1	L74.		
	Application pending	F Name and add	Iress of pri	ncipal officer:	MEBANE	RASH				H(a) Is this a gr subordinate	oup return	for Y	es 🛛	X No		
		PO BOX 1	L636 R	ALEIGH,	NC 27602					H(b) Are all subo		ided?	es	No		
1	Tax-exempt st	atus: X 501	(c)(3)	501(c) () ┥ (inse	ert no.)	4947(a)(1)	or	527	lf "No," att	ach a list. (see instructior	ıs)			
J	Website: 🕨	WWW.EDNC.(ORG							H(c) Group exe	mption num	nber 🕨				
К	Form of organ	ization: X Cor	poration	Trust	Association	Other	•		L Year of forma	ation: 2006 M	State of	legal domi	cile:	NC		
Pa		mmary														
	1 Briefly	describe the or	rganizatio	on's mission	or most signific	cant activit	ies: EDUCA	TIOI	NNC SEEKS	S TO EXPA	ND_ED	UCATIO	NAL_			
ce	OPP	ORTUNITIES	FOR	ALL_CHII	LDREN IN 1	NC, IN	CREASE T	HEIF	R ACADEM	IC						
Governance	ATT	AINMENT, A	ND IM	PROVE TH	IE PERFOR	MANCE	OF THE S	TATI	E'S PUBL	IC SCHOOL	s					
ver	2 Chec	this box 🕨 🔄	if the o	organization	discontinued in	ts operati	ons or dispos	ed of I	more than 25%	% of its net asse	ets.					
	3 Numb	er of voting mer	nbers of	the governir	ig body (Part VI	, line 1a)					3			22.		
Activities &		er of independe									4			18.		
/itie	5 Total	number of indivi	duals em	ployed in ca	alendar year 20'	15 (Part V	, line 2a)				5			4.		
cti			er of volunteers (estimate if necessary)										23.			
◄			ted business revenue from Part VIII, column (C), line 12 7a										0.			
	b Net u	related busines	s taxable	e income fror	n Form 990-T, I	ine 34 🔒					7b			0.		
										Prior Year		Currer				
e		butions and gra								466,146.		552,496.				
evenue	9 Progr	am service reven	ue (Part)	VIII, line 2g)					🖵		36,678.					
é	10 Invest	ment income (P	art VIII, c	olumn (A), li	nes 3, 4, and 70	d)					0.		0.			

5	9	Program service revenue (Part VIII, line 2g)	0.	50,070.
Rever	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0 .
Ľ.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 .
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		589,174.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0 .
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0 .
SS	4.5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	180,798.	309,855.
JS		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0 .
xpei		Total fundraising expenses (Part IX, column (D), line 25) ►11,071.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	185,421.	227,161.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		537,016.
	19	Revenue less expenses. Subtract line 18 from line 12		52,158.
s or ces			Beginning of Current Year	End of Year
Assets or d Balances	20	Total assets (Part X, line 16)	288,076.	337,758.
		Total liabilities (Part X, line 26)	9,993.	7,517.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	278,083.	330,241.

Part II Signature Block

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

Sign		Signature of officer					Date					
Here		MEBANE RASH			CEO							
		Type or print name and ti	ile									
	Prin	t/Type preparer's name		Preparer's signature	/	Date	Check	if	PTIN			
Paid	JAF	RED L PILAND		UAN	V. CPA	3/17/17	self-em	ployed	P01	132629	91	
Preparer Use Only	Firm	's name ►BATCHEL	OR, TILLER	Y & ROBERTS, I	'Tb '		Firm's EIN	56-	-17501	.24		
USE Only	Firm's address >3605 GLENWOOD AVENUE, SUITE 350 RALEIGH, NC 27612								Phone no. 919-787-8212			
May the II	RS di	scuss this return with tl	ne preparer show	n above? (see instruction	ns)	<u></u>			. Х	Yes		No
For Paper	work	Reduction Act Notice	, see the separa	e instructions.						Form 99	0 (20	015)

		EDUCAT	IONNC	20-56	525322
-	m 990 (2015)				Page 2
Pa		ement of Program Service			
_			response or note to any line in this Part	<u> </u>	X
1	•	be the organization's mission	1:		
	ATTACHM	ENT 1			
	Diduk		Constant and the state of the s	and the second second second second	
2	•		ficant program services during the yea		Yes X No
					Yes X No
~	•	ribe these new services on S		· · · · · · · · · · · · · · · · · · ·	
3	-	-	l, or make significant changes in h		Yes X No
	services?	riba thaca abangas an Sabas			Yes X No
4		ribe these changes on Scheo	rvice accomplishments for each of it	s three largest program service	e as mossured by
-			(4) organizations are required to repo		
	•		r each program service reported.	on the amount of grants and a	
	the total expe				
40	(Code:) (Exponence ¢	452,612. including grants of \$)
4a)
			AROLINA WITH DATA, RESEARC		
	-		OUT THE MAJOR TRENDS, ISSU	-	
			T HAS BECOME THE STATE'S T		
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			TO REACH ALL NORTH CAROLIN	IANS WITH	
	752,655 PA	AGEVIEWS STATEWIDE.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				/ <	/
	-				
	-				
	0.1				
4d		m services (Describe in Sche		^	
	(Expenses \$	including gr		\$)	
	I otal program	n service expenses 🕨	452,612.		
JSA 5E1	020 1.000				Form 990 (2015)
	3598HU	M285 3/7/2017 9:	59:39 AM		

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Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a 20a Did the organization reganization reganization reganization reganization reganization reganization report more than 50.000 of granis or other assistance to any domestic organization regent more than 55.000 of granis or other assistance to any domestic organization regent more than 55.000 of granis or other assistance to any domestic individuals on 22 21 21 Did the organization report more than 55.000 of granis or other assistance to any domestic organization resover "Yes" complete Schedule I. Parts I and II. 22 23 Did the organization resover "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December 31. 2002? If "Yes", "answer lines 24 the through 24 and complete Schedule I. I"Yos," complete Schedule I. Tho's go to line 25a. 244 240 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24 Did the organization actes as an "on behaft of" issuer for bonds outstanding at any time during the year? 24c 25a Section 501(cQ), 501(c)(Q), and 501(c)(29) organizations. Did the organization aregues that it engaged in an excess benefit transaction with a disqualified person during the year? 24c 25a Did the organization avere thatit engage of an anx cese benefit transaction with a	Part	V Checklist of Required Schedules (continued)			
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 part IX, column (A), line 21 "Yes," completes Schedule I, Parts I and II. 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization acuser "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation di the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002 II "Yes," answer lines 24b 23a 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and II. 21 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 27 If "Yes," complete Schedule I, Parts I and II. 22 23 Did the organization sever "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization nawser "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization nawse 1 was exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24a 24b Did the organization awat at as a some bonds? Yes," complete Schedule L (1 "No", go to line 25a. 24a 25a Section Soft(ci)(3, Soft(c)(2)) and Soft(c)(2)(2) organizations. Did the organization awat that is engaged in an excess benefit transaction with a disqualified person any or the year? If "Yes," complete Schedule L, Part I 25a 25a Did the organization aver that it engaged in an excess benefit transaction with a disqualified person any or the rassistance to an officer, director, trustee, key employee, or disqualified person any or the rassistance to an officer, director, trustee, key employee, or disqualified person any dires of a grant selection committee member, or to a 35% controlle any the s	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and II. 21 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 27 If "Yes," complete Schedule I, Parts I and II. 22 23 Did the organization sever "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization nawser "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization nawse 1 was exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24a 24b Did the organization awat at as a some bonds? Yes," complete Schedule L (1 "No", go to line 25a. 24a 25a Section Soft(ci)(3, Soft(c)(2)) and Soft(c)(2)(2) organizations. Did the organization awat that is engaged in an excess benefit transaction with a disqualified person any or the year? If "Yes," complete Schedule L, Part I 25a 25a Did the organization aver that it engaged in an excess benefit transaction with a disqualified person any or the rassistance to an officer, director, trustee, key employee, or disqualified person any or the rassistance to an officer, director, trustee, key employee, or disqualified person any dires of a grant selection committee member, or to a 35% controlle any the s	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 23 Did the organization answer Yes' to Part VII. Section A, line 3. 4, or 5 about compensation of the organization naveer Yes' to Part VII. Section A, line 3. 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K II "No," go to line 25a 24a 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization saver that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a subtener schedule L Part I 25a 25 Did the organization pave tax ware the tengaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a pay amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, inflext compensated employees, or disqualified person? If 'Yes,' complete Schedule L, Part II 25a 27 Did the organization aparty to a business transaction with a disqualified person in a prior year, and that the transaction with a exceptions? 26 <td>21</td> <td></td> <td></td> <td></td> <td></td>	21				
Part IX. column (A), line 27 II "Yes," complete Schedule I, Parts I and III. 22 23 Did the organization aswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If No," go to line 25a 24a 24 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bond scue to the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 25a Bod the organization maintain an escrow account other than a refunding escrow 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 transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, usbtantial 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 IV. 27 28 Was the organization receive conthibutors of family member thereod was an officer, director, truste		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization anistain an escrow account other than a refunding escrow at any time during the year? 24c 24a Did the organization solito(14), of Solito(16) and Solito(16) comparizations. Did the organization and the ternsaction has not been reported on any of the organization spiror Forms 990 or 900-EZ? 25b 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, key employees, highest compensated employees, or disqualified person? If "Yes," complete Schedule L, Part II. 26	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
 23 Did the organization answer "Yes" to Part VII. Section A, line 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b) Did the organization maintain an escrow account other than a refunding escrow at any time during the year? c) Did the organization ata sa n" on behalf of" issuer for bonds outstanding any time during the year? d) Did the organization avare that if engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization avare that if engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization server the tore officers, directors, trustees, key employees, injhest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part I 27 Did the organization avare there officers, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 28 A current or former officer, director, trustee, or key employee (or a family member thereof) area continue. The employee of the organization aparty to a business transaction with one of the following parties (schedule L, Nart IV). 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV.<!--</td--><td></td><td>Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.</td><td>22</td><td></td><td>Х</td>		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
organization* current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 24a 24b Did the organization nave a tax-exempt bonds beyond a temporary period exception?. 24a 25 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 25b Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year? 25a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction any of the organization's prior Forms 990 or 990-E2? 7 25b Did the organization aparty to a business transaction with a disqualified person? If "Yes," complete Schedule L, Part II. 25b 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part II. 26 27 Did the organization a party to	23				
 employees? If "Yes," complete Schedule J. 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 24d and complete Schedule K If 'No," go to line 25a. b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d 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 transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 16 Tir Yes," complete Schedule L, Part I. 26a 27b Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any disqualified persons? If "Yes," complete Schedule L, Part I. 27a 28 Was the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any disqualified person? If "Yes," complete Schedule L, Part IV. 26 27 Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV. 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 29 Did the organiza		-			
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a 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 28b c 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 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a bid the organization have a controlled entity within the meaning of section 512(b)(13)? 35a	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c 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 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a					
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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 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35a		,	28b		X
 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			28c	Х	
conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	29		29		X
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34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Image: Complete Schedule R, Part II, III, or III, III, or IV, and Part V, line 1	33				
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35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Image: Control of the organization of t	34				
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a					X
			35a		X
	b				
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b	~ ~		35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36				77
			36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37				
and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			07		v
	20				X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X	30			x	

Form **990** (2015)

Form 990 (2015)

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Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	- No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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 financial account in a foreign country (such as a bank account, securities account, or other financial			37
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
50	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
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).			
а	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	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		
-	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		L
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120		12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 2 a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI	• • •		Х
Sect	on A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Did the organization have members or stockholders?			21
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
h	one or more members of the governing body?			
b	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.01-	v	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done	120	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	17		
15	Did the process for determining compensation of the following persons include a review and approval by			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record MEBANE RASH PO BOX 1636 RALEIGH, NC 27602 919-539-4851	s: 🕨		
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	Compensation of Officers, Directors, Trustees, Key Employees, Highest (Independent Contractors	Compensated Employees,	and
	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 calend	dar vear ending with or with	in the

organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	iot ch unles	s pe	ition more rson	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)GERRY_HANCOCK CHAIRMAN	10.00	x		x				0.	0.	0.
(2)FERREL GUILLORY	5.00									
VICE-CHAIRMAN	0.	Х		Х				0.	0.	0.
_(3)DEBRA_HORTON	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(4)ANDREW_HOLTON	1.00	-						_		_
TREASURER	0.	Х		Х				0.	0.	0.
_(5)PENNY ABERNATHY	1.00							2		0
BOARD MEMBER	0.	X						0.	0.	0.
_(6)EDNA_EARLE_BLUE	1.00							0	0	0
BOARD MEMBER	0.	X						0.	0.	0.
(7) TOM BRADSHAW	1.00	37						0	0	0
BOARD MEMBER	0.	X						0.	0.	0.
(8) J. B. BUXTON	1.00	37						0	0	0
BOARD MEMBER	0.	X						0.	0.	0.
(9)NEWELL CLARK BOARD MEMBER	0.	x						0.	0.	0.
(10)DR. ED CROOM	1.00	~						0.	0.	<u> </u>
BOARD MEMBER	0.	x						0.	0.	0.
(11)JAMES FORD	1.00							0.	0.	<u> </u>
BOARD MEMBER	0.	x						0.	0.	0.
(12)MAURICE GREEN	1.00									
BOARD MEMBER	0.	х						0.	0.	0.
(13) SAM HOUSTON	1.00									
BOARD MEMBER	0.	x						0.	0.	0.
(14)TOM LAMBETH	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, T (A)	(B)	ľ	•	(C				(D)	(E)	(F)	
Name and title	Average hours per week (list any	box,	unles	Posi neck ss pei	sition k more than one erson is both ar director/trustee			Reportable compensation from	Reportable compensation from related	Estimated amount o other	of
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensat from the organizati and relate organizatio	e on ed
L5) CHUCK NEELY	1.00										
BOARD MEMBER	0.	X						0.	0.		
L6) BOB ORR	1.00										
BOARD MEMBER	0.	X						0.	0.		
L7) DR. SHIRLEY PRINCE	1.00										
BOARD MEMBER	0.	X						0.	0.		
L8) JOY VERMILLION-HEINSOHN	1.00										
BOARD MEMBER	0.	x						0.	0.		
9) BRAD WILSON	1.00										
BOARD MEMBER	0.	X						0.	0.		
20) LARRY WOOTEN	1.00										
BOARD MEMBER	0.	X						0.	0.		
21) MEBANE RASH	40.00										
PRESIDENT/CEO	0.	X		Х				96,515.	0.		
22) ENGLISH SALL	1.00										
BOARD MEMBER	0.	X						0.	0.		
1b Sub-total		1				1		0.	0.		
c Total from continuation sheets to Part VII,	Section A				•	•••	-	96,515.	0.		
d Total (add lines 1b and 1c)	-	• • •	• • •		• •	• • •	5	96,515.	0.		
 2 Total number of individuals (including but no reportable compensation from the organization) 	ot limited to t		liste	d at	ove	e) who	o re				
· · · ·										Yes	
3 Did the organization list any former of	icer, directo	r. or	tru	ister	a, I	kev e	mn	lovee, or highes	t compensated		T
employee on line 1a? If "Yes," complete Sche										3	T

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual..... 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

	(A) Name and business address	(C) Compensation	
N	DNE		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization \blacktriangleright 0.		

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Form	990 (2	015) EDUCATIONNC				20-56253	22 Page 9
Par	t VIII	Statement of Revenue					
		Check if Schedule O contains a response	or note to an	y line in this Part V	ΊΙΙ		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f	552,496.				
no'	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		552,496.			
ce Revenue	2a b	MISCELLANEOUS	900099	36,678.	36,678.		
Jram Servi	c d e						
roç	f	All other program service revenue					
<u> </u>		Total. Add lines 2a-2f		36,678.			
	3 4 5	Investment income (including dividends and other similar amounts).	oceeds	0. 0. 0.			
	6a b c d 7a	Gross rents		0.			
	b	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)	<u></u> ▶	0.			
Other Revenue	b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
Oth	b	Less: direct expenses					
-		Net income or (loss) from fundraising events.	<u></u> ►	0.			
		See Part IV, line 19 a b b b b b b b b b b b b b b b b b b		0			
		Net income or (loss) from gaming activities . Gross sales of inventory, less returns and allowances		0.			
		Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.	▶ 🛛	589.174	36.678		

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Form **990** (2015)

Form 990				20-56	25322 Page 1
	X Statement of Functional Expenses		All other organizatio	ns must complete colur	nn(A)
Section	Check if Schedule O contains a resp				
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ints and other assistance to domestic organizations			general expenses	orthono co
	I domestic governments. See Part IV, line 21	0.			
	ants and other assistance to domestic				
	lividuals. See Part IV, line 22	0.			
3 Gra	ants and other assistance to foreign				
org	anizations, foreign governments, and foreign				
ind	ividuals. See Part IV, lines 15 and 16	0.			
4 Be	nefits paid to or for members	0.			
	mpensation of current officers, directors,				
tru	stees, and key employees	96,000.	76,800.	9,600.	9,600
6 Cor	mpensation not included above, to disqualified				
	sons (as defined under section 4958(f)(1)) and				
	sons described in section 4958(c)(3)(B)	0.			
7 Oth	her salaries and wages	189,523.	166,752.	22,771.	
8 Pe	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)	0.			
	her employee benefits	0.			
10 Pa	yroll taxes	24,332.	20,251.	3,324.	757
	es for services (non-employees):				
	inagement	0.			
	gal	0.		11 000	
	counting	11,600.		11,600.	
	bbying	0.			
	fessional fundraising services. See Part IV, line 17	0.			
	restment management fees	0.			
	Ter. (If line 11g amount exceeds 10% of line 25, column	142 000	141 760	205	26
	amount, list line 11g expenses on Schedule O.) $ATCH = 2$	142,090.	141,769.	285.	36
	vertising and promotion	4,007.	1,607.	2,153.	247
	fice expenses	9,059.	8,187.	441.	431
		9,039.	0,107.		431
	yalties	0.			
		7,275.	7,275.		
		1,213.	1,213.		
	yments of travel or entertainment expenses any federal, state, or local public officials	0.			
		14,520.	13,769.	751.	
	nferences, conventions, and meetings	0.		, , , , , , , , , , , , , , , , , , , ,	
	erest	0.			
	preciation, depletion, and amortization	12,165.		12,165.	
	surance	9,456.		9,456.	
	her expenses. Itemize expenses not covered	- /		- , •	
	ove (List miscellaneous expenses in line 24e. If				
	24e amount exceeds 10% of line 25, column				
	amount, list line 24e expenses on Schedule O.)				
aMEI	DIA ENGAGEMENT	16,202.	16,202.		
	SCELLANEOUS	787.	,	787.	
 c					
d					
	other expenses				
	al functional expenses. Add lines 1 through 24e	537,016.	452,612.	73,333.	11,071
26 Joi org froi	nt costs. Complete this line only if the anization reported in column (B) joint costs m a combined educational campaign and draising solicitation. Check here i if				
foll	owing SOP 98-2 (ASC 958-720)	0.			

Page **11**

Form 990 (2	2015)
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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	94,507.	1	63,013.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	175,000.	3	250,000.
	4	Accounts receivable, net	0.	4	0.
ssets	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	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	0.	6	0.
1	7	organizations (see instructions). Complete Part II of Schedule L	0.	-	0.
sse	7	Notes and loans receivable, net	0.	-	0.
Ä	8 9	Inventories for sale or use Prepaid expenses and deferred charges	1,838.	-	3,605.
	-	Land, buildings, and equipment: cost or	1,050.	9	5,005.
	IVa	other basis. Complete Part VI of Schedule D 10a 39, 543.			
	h	Less: accumulated depreciation	16,731.	10c	21,140.
	11	Investments - publicly traded securities	0.		0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11	0.	-	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	288,076.	16	337,758.
	17	Accounts payable and accrued expenses	9,993.	17	7,517.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
lab.		disqualified persons. Complete Part II of Schedule L	0.		0.
	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0.	25	0.
	26	of Schedule D Total liabilities. Add lines 17 through 25	9,993.		7,517.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		20	7,517.
JUC	27	Unrestricted net assets	103,083.	27	65,241.
	28	Temporarily restricted net assets	175,000.	28	265,000.
Ыd	29	Permanently restricted net assets	0.	29	0.
		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
<u>ت</u>	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţĂ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	278,083.	33	330,241.
	34	Total liabilities and net assets/fund balances	288,076.	34	337,758.

Form 990 (2015)

Form 99	90 (2015)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	89,1	L74.
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	37,0)16.
3	Revenue less expenses. Subtract line 2 from line 1	3			52,2	L58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	78,0)83.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7		7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3	30,2	241.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	lor			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in 🛛			
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	•		3b		

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

		nt of the Treasury evenue Service		(Form 990 or 990-EZ) a			is at www.irs.gov/form9	90. Inspection
		the organization		(-	tification number
		TIONNC						-5625322
Pa	_	Reason for Public Cha	arity Status (All o	organizations must o	complet	e this pa		
		anization is not a private fou		•				
1	Ū	A church, convention of ch		•	•	•	,	
2		A school described in sect	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	e hospital service o	rganization described	in sectio	n 170(b))(1)(A)(iii).	
4		A medical research organi	zation operated in	conjunction with a hose	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	state:					
5		An organization operated	for the benefit of	a college or universit	ty owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (Complete Part II.)					
6		A federal, state, or local ge	-					
7	Χ	An organization that norm	-		upport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b						
8	Щ	A community trust describ						
9		An organization that norm						
		receipts from activities re				-		
		support from gross inves acquired by the organization						tax) ITOITI DUSITIESSES
10		An organization organized			• • • • •	•	,	
11	\square	An organization organized	-		-			rry out the purposes of
		one or more publicly suppo	-	-	-			
		the box in lines 11a throug	-			-		
а		Type I . A supporting org						
		the supported organizati			-			
		organization. You must o						
b		Type II . A supporting or	ganization supervis	ed or controlled in co	nnectior	n with its	supported organization	on(s), by having
		control or management	of the supporting c	organization vested in	the sam	e persor	ns that control or man	age the supported
	_	organization(s). You mus	t complete Part IV	, Sections A and C.				
С		Type III functionally inte	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	lly integrated with,
	_	its supported organizatio						
d		Type III non-functionally			-			
		that is not functionally int			-			d an attentiveness
		requirement (see instruc		-				. – …
е		_ Check this box if the org						I, Type III
f	En	functionally integrated, o ter the number of supported			porting c	organiza	tion.	
' a		ovide the following information	-				• • • • • • • • • • • • • •	••••
<u> </u>		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	.,			(described on lines 1-9	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(^)								
(A)								
(B)								
(0)								
(C)								
(0)								
(D)								
(E)								

Total

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2015

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.	0.	466,146.	552,496.	1,018,642.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3				466,146.	552,496.	1,018,642.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount about on line 11 oclume (f)						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						278,762.
	tion B. Total Support						739,880.
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4				466,146.	552,496.	1,018,642.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						1,018,642.
12	Gross receipts from related activities, etc. (s	see instructions)				12	36,678.
13	First five years. If the Form 990 is f organization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea		
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2015 (li	ne 6, column (f) divided by line	11, column (f))		14	72.63%
15	Public support percentage from 2014					15	68.74%
16a	331/3% support test - 2015. If the o	rganization did	not check the	box on line 13,	and line 14 is	331/3 % or mor	
	this box and stop here. The organization	-		-			
b	331/3% support test - 2014. If the c	-					
	check this box and stop here. The orga			• • •			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					•	•
	Part VI how the organization meets to organization						►
b	10%-facts-and-circumstances test - 2	2014. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organizati supported organization				•		publicly
18	Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	
	instructions						<u> ► </u>

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 00 ()	(1) 00 (0	() 00 (0	()) 00 () (() 00/5	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
-	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	<u> </u>					<u> </u>
10	and 12.)						
14	First five years. If the Form 990 is the		tion's first seco	nd. third, fourth	, or fifth tax v	ear as a section	 501(c)(3)
	organization, check this box and stop here	-					
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2015 (line 8			mn (f))		15	%
16	Public support percentage from 2014 Sch					16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2015 (li			13, column (f))		17	%
18	Investment income percentage from 2014					18	%
	331/3% support tests - 2015. If the or						
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2014. If the organization		· •	•		•••••	
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	• ·			
JSA 5E122	1 1.000					Schedule A (Form 9	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Page **4**

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No

r t c	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
-------------	--

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1

а

b

JSA

	Yes	No
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			

Section E. Type III Functionally-Integrated Supporting Organizations

l	Check the box next to the method that	at the organization used t	o satisfy the Integral Part	Test during the year (see instructions):
---	---------------------------------------	----------------------------	-----------------------------	--

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)
- Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. 3 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

1

2

Schedule A (Form 990 or 990-EZ) 2015			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatior	IS	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must con	-		
Section A Adjusted Net Income			(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2015

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)			
Secti	on D - Distributions		· · · ·	Current Year		
1	Amounts paid to supported organizations to accomplish ex					
2	Amounts paid to perform activity that directly furthers exer					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015:					
a						
b						
<u> </u>						
d	From 2013					
e	From 2014					
f	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
	Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
J	Distributions for 2015 from Section					
4	D, line 7: \$					
a	Applied to underdistributions of prior years					
	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2015, if					
-	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	instructions).					
7						
	and 4c.					
8	Breakdown of line 7:					
а						
b						
C	Excess from 2013					
d	Excess from 2014					
е	Excess from 2015					
			Cabadula	A (Form 990 or 990-E7) 2015		

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Schedule D (Form 990) 2015

5

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.

Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number EDUCATIONNC 20-5625322 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a а 2b b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) С d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear 🕨 Number of states where property subject to conservation easement is located **b** 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 No and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet b works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 а ▶ \$ Assets included in Form 990, Part X. b ► \$

	EDUC	CATIONNC				20-5	5625322	
Schee	lule D (Form 990) 2015							Page 2
Par	t III Organizations Maintaining	g Collections	of Art, His	torical Treasure	es, or Otł	ner Similar As	sets (contin	ued)
3	Using the organization's acquisition							
	collection items (check all that apply					0	0	
а	Public exhibition		d	Loan or excha	ange prograu	ms		
b	Scholarly research		e		ingo progra			
c	Preservation for future genera	ations	د _					
			tions and aval	ain haw thay fur	than the ar	annization's ava	mot ourocco i	n Dort
4	Provide a description of the organi XIII.	ization's collect	ions and expla	ain now they fur	ther the org	ganization's exe	mpt purpose i	n Part
5	During the year, did the organization	n solicit or rece	ive donations c	of art, historical tre	easures, or	other similar		
	assets to be sold to raise funds rathe	er than to be m	aintained as pa	art of the organiza	ation's colled	ction?	Yes	No
Par	t IV Escrow and Custodial Arr		· · ·					
	Complete if the organization 990, Part X, line 21.		Yes" on Form	n 990, Part IV, li	ne 9, or re	ported an amo	unt on Form	
1a	Is the organization an agent, trustee	e, custodian or	other intermed	diary for contribut	ions or othe	r assets not		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in							
				[Amoun	t .	
с	Beginning balance			·	1c	, and an		
с А	Beginning balance							
u	Additions during the year				1d			
e	Distributions during the year				1e			
T	Ending balance				1f			
2a	Did the organization include an amo					•		No
	If "Yes," explain the arrangement in	Part XIII. Cheo	k here if the e	xplanation has bee	en provided	on Part XIII		
Par								
	Complete if the organization	<u>on answered '</u>	Yes" on Forn	n 990, Part IV, li	ne 10.			
		(a) Current year	• (b) Prio	or year (c) Two	o years back	(d) Three years ba	ck (e) Four yea	irs back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains,							
С	and losses							
a	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of	of the current ye	ear end balanc	e (line 1g, column	(a)) held as	:		
а	Board designated or quasi-endowme	ent ►	%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	▶	_%					
	The percentages on lines 2a, 2b, ar	nd 2c should eq	ual 100%.					
3a	Are there endowment funds not in the	he possession	of the organiza	ation that are held	d and admir	nistered for the		
	organization by:						Ye	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations							
b	If "Yes" on line 3a(ii), are the related							
4	Describe in Part XIII the intended us	•						
1								
i ai	Complete if the organization	ion answered	"Yes" on For	m 990, Part IV,	line 11a. S	ee Form 990, I	Part X, line 10	0.
	Description of property	(a) Co	ost or other basis	(b) Cost or other ba	sis (C) Acc	cumulated	(d) Book value	
10	Land		investment)	(other)	depr	eciation		
1a ⊾	Land							
b	Buildings	••••						
C	Leasehold improvements				-			
d	Equipment			39,54	3.	18,403.	21	,140.
	Other	<u> </u>						
Tota	I. Add lines 1a through 1e. (Column	(d) must equal	Form 990, Part	X, column (B), lin	e 10c.)	<u></u>	21	,140.

Schedule D (Form 990) 2015

(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (c) (2) Closely-held equity interests (c) (3) Other (c) (b) (c) (c) (c) (b) (c) (c) (c)	Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(1) Financial derivatives (2) Closely-hald equity interests (2) Closely-hald equity interests (3) Other (A) (A) (B) (A) (C) (B) (C) (B) (C) (C) (D) (C) (D) (D) (O) (D)		(a) Description of security or category		(c) Method of valuation:
(2) Closely-held equity interests	(1) Financia			,,,,
(3) Other				
(A) (A) (B) (A) (C) (A) (D) (A) (E) (A) (F) (A) (G) (A) (F) (A) (G) (A) (F) (A) (G) (A) (F) (A) (G) (
(B) Image: Control of the second	(^)			
(0)				
(b)	(C)			
(F) (G) (G) (G) (F) (
(6)				
(1) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Method of valuation: Cost or end-of-year market value (1) (c) (2) (c) (3) (c) (6) (c) (7) (c) (8) (c) (9) (c) (1) (c) (a) Description (c) Book value (1) (c) Description (a) Description (c) Book value (1) (c) Description (a) (c) Description (b) (c) Description (c) (c) (6) (c) (7)				
Total. Column (b) must equal Form 990, Part X, col. (b) line 12.) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) (c) (2) (c) (c) (c) (3) (c) (c) (c) (4) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (c) (a) Column (b) must equal Form 990, Part X, col. (b) line 13.) (c) (c) (c) Part IX Other Assets. (c) (c) (c) (c) (c) (a) Description (c) Description (c) Book value (c) (c) (c) (1) (c) Description (c) Description (c) Description (c) Description (c) Description (c) Description (3) (c) (c) (c) (c) (c) (c) (c) (6				
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) Method of valuation: Cost or end-of-year market value (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (7) (c) (c) (a) (c) (c) (b) must equal Forn 990, Part X, col. (g) line 13.) (c) Part IX Other Assets. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) (c) (c) (3) (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) (7) (c) (c) (7) (c) (c) (6) (c) (
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (a) (c) (c) (c) (c) (c) (3) (c) (c) (c) (c) (c) (c) (c) (6) (c) (c) <t< td=""><td></td><td></td><td></td><td></td></t<>				
Cost or end-of-year market value (1)	Part VIII		"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) (9) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (1) (a) Description (b) Book value (b) Book value (1) (a) Description (b) Book value (b) Book value (1) (a) Description (b) Book value (b) Book value (1) (b) Book value (1) (a) Description of liability (b) Book value (b) Book value (7) (a) Description of liability (b) Book value (b) Book value (7) (b) Book value (7) (b) Book value (7) (c) (6) (c) (7) (b) Book value (7) (b) Book value (1) Federal income taxes (c) (2) (b) Book value <		(a) Description of investment	(b) Book value	
[2]				
(3)				
(4)				
(5)				
(6) (7) (7) (7) (7) (7) (8) (7) (7) (9) (7) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► (9) Part LX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (a) Description (3) (1) (4) (1) (5) (6) (7) (1) (6) (2) (7) (2) (7) (2) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Y Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes (2) (3) (1) Federal income taxes (2) (3) (1) (3) (2) (3)				
(7) (8) (8) (8) (8) (7) (9) (9) (9) Part LX Other Assets. (9) (a) (b) Book value (b) Book value (1) (a) (b) Book value (3) (1) (2) (2) (3) (3) (4) (5) (6) (7) (8) (7) (7) (8) (1) (2) (7) (2) (2) (2) (3) (3) (4) (5) (6) (2) (3) (4) (7) (8) (7) (8) (9) (1) (2) (2) (1) Federal income taxes (2) (3) (1) (a) (b) Book value (1) (1) (a) (b) Book value (a) (3) (3) (4) (5) (5) (4) (5) (6) (7) (6) (6) (7) (6) (7) (6)				
(8) (9) (9) (9) Control (b) must equal Form 990, Part X, col. (B) line 13.) ► ► Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (b) Book value (1) Federal income taxes (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (6) (c) (7) (c) (6) (c) (1) Federal income taxes (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c)				
(9)				
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (c) Book value (3) (d) (4) (c) (6) (c) (7) (c) (8) (c) (9) (c) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) (b) Book value (c) (1) (c) (c) (1) (a) Description of liability (b) Book value (1) (a) Description of liability (b) Book value (1) (c) (c) (3) (c) (c) (4) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (b) Book value (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (c) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (c) (3) (c) (c) (4) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c)		n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
(a) Description (b) Book value (1) (a) Description (2) (b) Book value (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.),	Part IX		"Ves" on Form 990	Part IV line 11d See Form 990 Part X line 15
(1) (2) (3) (4) (4) (5) (6) (7) (8) (7) (9) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		· •		
(2)	(1)	(4) 500		
(3)				
(4) (5) (5) (7) (8) (7) (9) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (b) Book value (2) (3) (4) (5) (5) (6) (7) (8) (9) (9)	-			
(5)				
(7)				
(8)	(6)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) Book value (2) (a) (3) (b) Book value (5) (b) (6) (c) (7) (c) (8) (c) (9) (c)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (1)			ne 15.)	
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Part X	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9)	1.		(b) Book valu	le
(3) (4) (4) (5) (5) (6) (6) (7) (8) (9)	(1) Feder	ral income taxes		
(4) (5) (6) (7) (8) (9)				
(5) (5) (6) (7) (7) (8) (8) (9)				
(6) (7) (8) (9)				
(7) (8) (9)				
(8) (9)				
(9)				
		nn (b) must equal Form 990 Part X col. (B) line 25)	•	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 JSA 5E1270 1.000

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2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 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 c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments 2b b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 4c c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 7 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2d 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 5 Total revenue. Add lines 7 and 4c. (This must equal Form 990, Part I, line 12.) 5
b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2d 2d d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d 2d 2d 3 Subtract line 2e from line 1 3 589,1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 589,1
c Recoveries of prior year grants. 2c 2d d Other (Describe in Part XIII.) 2d 2e e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 589,1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c c Add lines 4a and 4b 4c 5 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 589,1
d Other (Describe in Part XIII.) 2d 2e a Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 589,1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c 5 Other (Describe in Part XIII.) 4c 5 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 589,1 Part XIII Part XII
e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 589,1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a 4a b Other (Describe in Part XIII.) 4b 4c 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 589,1 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 589,1
3 Subtract line 2e from line 1 3 589,1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4c b Other (Describe in Part XIII.) 4c 4c 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 589,1 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 A 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 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 4a 4b 4c 5 5 589, 1
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 589, 1 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 589,1 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 589,1 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 5 589, 1 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Part Air Reconcination of Expenses per Addited Financial Statements with Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.
1 Total expenses and losses per audited financial statements 1 537,0
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
e Add lines 2a through 2d
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b 4a
b Other (Describe in Part XIII.)
c Add lines 4a and 4b
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) 5 537, 0
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.
SCHEDULE D, PART X, LINE 2
LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740): THE
ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE
SECTION 501(C)(3) AND APPLICABLE STATE STATUTES ON ITS EXEMPT FUNCTION
INCOME AND IS CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION. THERE WAS
NO UNRELATED BUSINESS INCOME FOR 2016 AND 2015.

SCHEDU	JLE L
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Part I

Transactions With Interested Persons

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

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

Department of the Treasury
nternal Revenue Service

(Form 990 or 990-EZ)

OMB No. 1545-0047

Open To Public

5

(2)

Inspection

Name of the organization	
EDUCATIONNC	

Employer identification number

\$

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(a) Description of transaction	(d) Corrected			
	(a) Name of disqualitied person	organization	(c) Description of transaction		No		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year						
	under section 4958						

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. 3

-	 ••••••••••••••••••••••••••••••••••••••	 	

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In c	default?	(h) Ap by bo comm	ard or	(i) W agreei	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2015

Schedule L (Form 990 or 990-EZ) 2015

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) EVERETT GASKINS HANCOCK LLP	ENTITY RELATED TO CHAIR	10,000.	PMT FOR WRITING SERVICES		х
(2) FERREL GUILLORY	BOARD MEMBER	30,000.	PMT FOR WRITING & EDITING SVCS		х
(3) FIRST VOTE NC	ENTITY RELATED TO BOARD	14,000.	REVENUE FOR WEBSITE DEVELOPMNT		х
(4) EVERETT GASKINS HANCOCK LLP	ENTITY RELATED TO CHAIR	7,000.	REVENUE FOR WEBSITE DEVELOPMNT		х
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

Part V Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.



EDUCATIONNC

20-56

PART VI, LINE 11B

FORM 990 REVIEW PROCESS:

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

PART VI, LINE 12C

PROCESS FOR MONITORING CONFLICT OF INTEREST POLICY:

EACH MEMBER OF THE BOARD OF DIRECTORS IS ASKED TO SIGN A CONFLICT OF INTEREST DISCLOSURE FORM AT THE BEGINNING OF HIS/HER TERM. THE CONFLICT OF INTEREST STATEMENTS ARE SIGNED AGAIN AT THE FIRST BOARD MEETING OF EACH FISCAL YEAR.

PART VI, LINE 19

MAKING INFORMATION AVAILABLE TO THE PUBLIC:

THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND FORM 990 TAX RETURN AVAILABLE ON ITS WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST TO THE CEO. THE FORM 990 TAX RETURN IS ALSO AVAILABLE ON GUIDESTAR'S WEBSITE.

Schedule O (Form 990 or 990-EZ) 2015	Page 2
Name of the organization	Employer identification number
EDUCATIONNC	20-5625322
TA	TTACHMENT 1
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	
EDUCATIONNC WORKS TO EXPAND EDUCATIONAL OPPORTUNITIES FOR ALL	
CHILDREN IN NORTH CAROLINA, INCREASE THEIR ACADEMIC ATTAINMENT, AND	
IMPROVE THE PERFORMANCE OF THE STATE'S PUBLIC SCHOOLS. EDNC PROVIDES	3
CITIZENS AND POLICYMAKERS WITH NONPARTISAN DATA, RESEARCH, NEWS,	
INFORMATION, AND ANALYSIS ABOUT THE MAJOR TRENDS, ISSUES, AND	
CHALLENGES BEARING ON EDUCATION. EDNC GATHERS AND DISSEMINATES	
INFORMATION EMPLOYING THE MOST EFFECTIVE MEANS OF COMMUNICATION,	
PRIMARILY THROUGH THE INTERNET. IN ADDITION TO THE CONTENT	
DISTRIBUTED, EDNC ENCOURAGES AN ACTIVE AND CONNECTED COMMUNITY OF	
THOSE INTERESTED IN EDUCATION POLICY AND PRACTICE THROUGHOUT THE	
STATE. THE WORK OF EDNC ENCOURAGES INFORMED CITIZEN PARTICIPATION AN	ID
STRONG LEADERSHIP ON BEHALF OF THE SCHOOL CHILDREN OF NORTH CAROLINA	Α.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONTRACTED SERVICES	142,090.	141,769.	285.	36.
TOTALS	142,090.	141,769.	285.	36.