EXTENDED TO FEBRUARY 16, 2016

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Form 990 (2014)

 Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.lrs.gov/form990. Open to Public Inspection

<u>~</u>	. 0	10 10 17 Calcindar your, or tax year beginning OUL 1, 2014 and	andwid O	UN JU, Z	OTO	
B	Check i			D Employer i	dentific	cation number
_		NORTH CAROLINA HIGH SCHOOL ATHLETIC				
Ļ	char	∞ ASSUCIATION, INC.	······································			
ᆫ	Nam char		· /	5	6-00	<u>655425</u>
Ļ			Room/suite	E Telephone	number	· · · · · · · · · · · · · · · · · · ·
L	Fina	PO BOX 3216		9	19-2	240-7401
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	\$	12,183,507.
	Jreiur			H(a) is this a g	roup re	
	Appl Ilon	F Name and address of principal officer:QUE TUCKER				? Yes X No
	pend	SAME AS C ABOVE				cluded? Yes No
1	Tax-o	cempt status: X 501(c)(3)	от 527			list. (see instructions)
		ite: ► WWW.NCHSAA.ORG		H(c) Group ex		
K	form o	of organization; X Corporation Trust Association Other	1 Year			State of legal domicite: NC
	art I		1 6 7 7 4 7		141	TOtale of legar dominers, 14C
d)	1	Briefly describe the organization's mission or most significant activities: ADMII	NISTRA	TION OF	THE	STATE'S
Activities & Governance		INTERSCHOLASTIC PROGRAMS FOR ITS MEMBER 1	HIGH S	CHOOLS T	N N	7.
E	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its	not se	sote
ž	3	Number of voting members of the governing body (Part VI, line 1a)	DDG C: 1170(C	, man 2070 Of 10	ا د ا	26
ð	4	Number of independent voting members of the governing body (Part VI, line 1b)	************		4	25
90	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	*************	*******************	5	
#	8	Total number of volunteers (estimate if necessary)	****** ****		8	19
Ŕ	7.	Total unrelated business revenue from Part VIII, column (C), line 12	• • • • • • • • • • • • • • • • • • • •	*** ***************	. 0	180
₹	' "	Net unrelated business taxable income from Form 990-T, line 34	************	************************	7a 7b	0.
•••••		From Chinalated Dubiness Landbig Income from Form Sec. 1, like 34			. [76]	0.
_	8	Contributions and grants (Part VIII, Ilne 1h)	-	Prior Year 2,580,7	22	Current Year
Revenue	9	Program service revenue (Part VIII, line 2g)	······			2,627,978.
ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>2,884,8</u>		
ĸ	11	Other reverse (Cart VIII) enterm (A) Spec 5, 64 On the second (4.4)		1,727,0		1,706,195.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•••••	G 400 F	<u>. 0.</u>	0,
	13	Total revenue - add lines 6 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,192,5		7,392,411.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		673,9		995,383.
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1 240 4	<u> </u>	0.
Experises	18-	Professional fundations from (Dark IV. ashuma (A), line 11-1	·····	1,340,4		1,288,498.
2	104	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 350,44	A 77		0.	0.
ŭ	₄₇ "	Other expenses (Cert IV, entry (A) lines 44 at 4 4 44 54 54 54	<u>* / • </u>	2 447 6	40	0.045.070
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,147,0	48.	3,246,958.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,161,4		5,530,839.
58		Revenue less expenses. Subtract line 18 from line 12		2,031,1		1,861,572.
Ssets (20	Total secrete (Dari V. line 18)	1	ginning of Current		End of Year
ASS	21	Total liabilities (Part X, line 26)	······	33,516,7		34,771,696.
E E				2,188,4		2,602,265.
	art II	Net assets or fund balances, Subtract line 21 from line 20 Signature Block		<u>31,328,3</u>	<u> 1'Ω+</u>	32,169,431.
-		alties of perjury, I declare that I have examined this return, including accompanying schedules				
irna	COLEG	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	s and stateme	enis, and to the de	st ot my	knowledge and belief, it is
	, 001,0	L	ucii preparer	nas any knowledg	8.	
Sig	n	Signature of officer		L Date		
Her		QUE TUCKER, COMMISSIONER		Date		
11111	U	Type or print name and title				
	T	Print/Type preparer's name Preparer's signature	Iñ	late, / c	1ack	PTIN
Paid	l	ANDREA WOODELL EASON Undrea Woodell Ed	2.0m	1/20/16 1	-	'
_	erer	Firm's name BLACKMAN & SLOOP, CPAS, P.A.	Market NJ	/ / 	il employed	
-	Only	Firm's address 1414 RALEIGH RD, SUITE 300		Firm's E	IIA 🄛	56-1304727
	J	CHAPEL HILL, NC 27517		 Inst	- / ^4	01040 0000
May	the !!	RS discuss this return with the preparer shown above? (see Instructions)		I Phone n	0. (3 I	9)942-8700
	01 11-0				<u> </u>	X Yes No
1020	1170	· · · · · · · · · · · · · · · · · · ·	IIIS,			Form 990 (2014)

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

rt III Statement of Program Service Accomplishments
Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
ADMINISTRATION OF THE STATE'S INTERSCHOLASTIC PROGRAMS FOR ITS MEMBER
HIGH SCHOOLS IN MC. THE EDUCATION AND EDUCATION OF OFFICER OF COMME
HIGH SCHOOLS IN NC; THE EDUCATION AND TRAINING OF OFFICIALS OF SCHOOL
ATHLETIC EVENTS: AND THE ADMINISTRATION OF CHEMICAL AWARENESS AND
SUBSTANCE ABUSE EDUCATION PROGRAMS FOR HIGH SCHOOL STUDENTS, TEACHERS
Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O.
Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.
ADMINISTRATION OF THE STATE'S ATHLETIC PROGRAM FOR ITS MEMBERS SCHOOLS,
INCLUDING THE EDUCATION AND TRAINING OF OFFICIALS.
THERE ARE 403 MEMBER SCHOOLS. PUBLICATIONS INCLUDE A DIRECTORY THAT
TIERE ALL OF THE COURSE A DIVINE COURSE A DIRECTORY THAT
LISTS ALL OF THE SCHOOLS ALONG WITH CONTACT INFORMATION,
ADMINISTRATORS, AND COACHES FOR EACH SCHOOL. THE DIRECTORY INCLUDES
SCHOOL SUPERINTENDENTS, CITY/COUNTY ATHLETIC DIRECTORS, AND CONFERENCE
PRESIDENTS ALONG WITH CONTACT INFORMATION FOR EACH. THE OTHER MAJOR
PUBLICATION IS THE NCHSAA HANDBOOK, WHICH INCLUDES RULES & REGULATIONS,
SPORTS REGULATIONS AND PLAYOFF PROCEDURES, GENERAL REQUIREMENTS FOR
SCHOOLS AND STUDENT ATHLETES, ETC. BOTH OF THESE PUBLICATIONS ARE
DISTRIBUTED TO EVERY MEMBER SCHOOL.
(Code:) (Expenses \$ 298,434 including grants of \$) (Revenue \$
ADMINISTRATION OF CHEMICAL AWARENESS AND SUBSTANCE ABUSE EDUCATION
PROGRAMS FOR HIGH SCHOOL STUDENTS, TEACHERS, AND ADMINISTRATORS.
(Code:) (Experises \$ including grants of \$) (Equation 5
(Code:) (Expenses \$
Search Control of the
Other account of the Colonia is Colonia in C
Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 4,326,778,
(Expenses \$ including grants of \$) (Revenue \$)

Part IV Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(e)(1) (other thins a private foundation)? If Yes, 'complete Schedule A Is the organization enquiered to complete Schedule S. Schedule of Contributions Did the organization enquiered to complete Schedule S. Schedule of Contributions 3				Yes	No
1 bit the organization required to complete Schedule S. Schedule of Contributors 2 X 3 Did the organization assessing in direct or indestro plotted campaign suchities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 50((s)) organization. Did the organization engage in lobbying activities, or have a section 50((s)) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 50((s)), 50((1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in apposition to candidates for public offices? "Y-es," complete Schedule C, Part I 4 Section 60 (1c(3)) organizations. Did the organization engage in lobbying activities, or have a section 50 (1c(3)) organizations. Complete Schedule C, Part II 5 Is the organization assection 50 (1c(3)), 50 (1c(3)), or 50 (1c(3)) organization that tree/been semethorship dues, assessments, or similar amounts as defined in Prevenue Procedure 96-197 II "Yes," complete Schedule C, Part III 5 Did the organization maintain any denor advised tunds or any similar funds or accounts? II "Yes," complete Schedule D, Part II 5 Did the organization maintain any denor advised tunds or any similar funds or accounts? II "Yes," complete Schedule D, Part II 6 Did the organization maintain collections of works of an, historical ressures, or other similar assets? II "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of an, historical ressures, or other similar assets? II "Yes," complete Schedule D, Part II 8 Did the organization applete D, Part IV 9 Did the organization organization and part X, line 21, for escrow or custodial account hability; serve as a custodian for amounts not tasted in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization organization applete D, Part IV 11 If the organization report an amount for invostments or organization complete Schedule D, Part IV 12 Did the organization report an amount for invostments organization assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X 12 Did the organization report an amount for invostments organization include a fonotone that addresses he part V, line 167 If "Yes," complete Schedule D, Part X 12 Did the organization report an amount	_	If "Yes," complete Schedule A	1_		
A Section 50(Ry8) organization and Schedule C, Part II Section 50(Ry8) organizations. Did the organization engage in lobbying activities, or have a section 50(Ry) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II Is the organization a section 50(r)(4), 50(r)(5), or 501(g)(8) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 86-19? If 'ves,' complete Schedule C, Part III Is the organization maintain any denor advised funds or any similar funds or accounts for which denors have the right to provide advise on the distribution or investment of amounts in such thrade or accounts? If 'Ves,' complete Schedule D, Part II Did the organization maintain area, or historic attractory If 'ves,' complete Schedule D, Part II Did the organization maintain collection of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for eacrow or custodial account lability; serve as a custodian for amounts not lated in Part X, for provide credit counseling, debt management, credit repair, or debt nagotistion services? If 'Yes,' complete Schedule D, Part IV Did the organization, discitly or through a related organization, hold assets in temporarily restricted endowments, parmanent andowments, or quale-indowments? If 'Yes,' complete Schedule D, Part VI It is organization, officially or through a related organization in temporarily restricted endowments, parmanent andowments, or quale-indowments? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments - program related in Part X, line 10? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 10? If 'Yes,' complete Schedule D, Part XII Did the organization report an amount for investments - program related in Part X, line 10? If 'Yes,' complete Schedule D, Part XII Did the organizati		Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
4 Section 601(e/3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "ves, complete Schedule C, Part II and the organization assettion 501(h)(s), 501(h)(s), or 501(h)(s) or gound that receives membership dues, assessments, or similar amounts as defined in Reverse Proceedings 89.197 If "ves, complete Schedule C, Part III bit the organization maintain any donor advised funds or any senilar funds or accounts if Ir "ves," complete Schedule D, Part II bit the organization review or holis is conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "ves," complete Schedule D, Part II bit to organization related collections of works of art, historical ressures, or ordiner senilar assets? If "ves," complete Schedule D, Part II bit Did the organization and part of the part X, line 21, for ascrow or custodial account lability, serve as a custodian for amounts not lated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "ves," complete Schedule D, Part IV lib is the organization or any or the following questions is "ves," then complete Schedule D, Part VI II II the organization assets or any of the following questions is "ves," then complete Schedule D, Part VI II II the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 10? If "ves," complete Schedule D, Part VI II II the organization report an amount for investments - program related in Part X, line 13 that is 6% or more of list total assets reported in Part X, line 10? If "ves," complete Schedule D, Part VI II II the Organization separate in Part X, line 10 II	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section Solic(a), 501(c)(a), 501(c)(a)		public office? If "Yes," complete Schedule C, Part I	3_	<u> </u>	X
is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives memberahip dues, assessments, or similar amounts as defined in Revenue Procedure 6-191 if 'Pes,' complete Schedule C, Part if if if it is not the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment, including assements to preserve open space, the environment, historic land areas, or historic attractures? If 'Pes,' complete Schedule D, Part II is Did the organization membrane collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II is Did the organization, derectly or though a related organization, detectly any of the following questions in several accustodian for amounts not 1sted in Part X, in complete Schedule D, Part IV is the organization and owners, or question and owners, or detection and owners, or det	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
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5 Did the organization maintain any donor advised funds or any smillar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts if it was, complete Schedule D, Part II is the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historical areas, or historical trosures, or other similar assets? If "Yes," complete Schedule D, Part III is Did the organization maintain collections of works of art, historical trosures, or other similar assets? If "Yes," complete Schedule D, Part II is Did the organization report an amount in Part X, line 21, for secrow or custodial account liability; serve as a custodian for amounts not tested in Part X, or provide credit counseling, dabt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V is "Yes," complete Schedule D, Part V is It In the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi-endowments? If "Yes," complete Schedule D, Part V is It In the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V is Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part V is Did the organization report an amount for other assets 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 V is 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 V is Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X is 15 that is 5% or more of its total assets reported line Part X, l	D	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or]	
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 X X Did the organization respect or hold a consensuation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 X X Did the organization maintain collections of works of an I, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X Did the organization report an amount in Part X, line 21, for escrow or custodial account itability, serve as a custodian for amounts not itated in Part X, or provide credit counseling, diability amounts of the organization report an amount in Part X, line 21, for escrow or custodial account itability, serve as a custodian for amounts not itated in Part X, or provide credit counseling, diability amounts, or quasiendowments, or provide a related organization, hold assets in temporarily restricted endowments, permanent and ownments, or quasiendowments? If "Yes," complete Schedule D, Part V 10 X The organization report an amount for investments - program assets in temporarily restricted endowments, permanent and ownments, or quasiendowments? If "Yes," complete Schedule D, Part V 11 X X The organization report an amount for investments - program claims or Part X, line 107 If "Yes," complete Schedule D, Part V 11 X X X X X X X X		Similar amounts as defined in Nevenus Procedure 98-197 if "Yes," Complete Schedule C, Part III	. 5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, lateriot and areas, or instrinor structures? If "xe," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III. 9 X X Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part IV. 10 Did the organization, the port an amount in Part X, line 21, for escrow or custodial account lability, serve as a custodian for amounts not lated in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 11 Part X Organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi-endowments? If "Yes," complete Schedule D, Part V III. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III. 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III. 11 Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 10? If "Yes," complete Schedule D, Part V III. 11 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 X III. 11 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 III III III III III III III III III	O	Provide advise on the distribution as investment of seconds or accounts for which denote have the right to			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of an', historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrow or custodiat account hability; serve as a custodian for amounts not tested in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quaei-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization server to any of the following questions is "Yes," than complete Schedule D, Part V, VIII, VIII, IVI, IVI, IVI, IVI, IVI	7	provide advice on the distribution of investment of amounts in such funds of accounts? If "Yes," complete Schedule D, Part I	6		X
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13	_	If "Yes," and if the prographion answered "No" to line 12e, then completing School in D. Darte Ville and Ville and Ville			12
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 20a X		complete Schedule G, Part III	10		¥
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	<u>þ</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
			*****	990 /	2014)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		.43	
	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	-	-4	
	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		ж
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	-13
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	T-		
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			}
	Schedule L, Part I	25b		х
26	Old the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		***************************************	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // 'Yes,'			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		,,,,	
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," camplete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes, ' complete Schedule L, Part IV	28b		Х
¢	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? if 'Yes,' complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34		X
35a	Old the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	<u></u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes, ' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Carn	will.	(2014)

	n 990 (2014) ASSOCIATION, INC. 56-065! rt V Statements Regarding Other IRS Filings and Tax Compliance	425	<u> </u>	^a age
	Check if Schedule O contains a response or note to any line in this Part V			ſ
			Yes	N
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable) · · · · ·	105	IN
þ	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b	-		
٥	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	10	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.	<u> </u>		┢
	filed for the calendar year ending with or within the year covered by this return)	l	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		3
þ	it "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			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48		2
b	if "Yes," enter the name of the foreign country: ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1		l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
D	the any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		3
C	if "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
68	boos the diganization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible as charitable contributions?	6a		2
Ь	11 1495, Gid the organization include with every solicitation an express statement that such contributions or diffe			┱
	were not tax deductible?	6b		l
7	or gardizations that may receive deductible contributions under section 170(c).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		┢
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		2
b	If "Yee," did the organization notify the donor of the value of the goods or services provided?	7b		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		K
đ	if "Yes," indicate the number of Forms 8282 filed during the year			
ė	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		l –
9	it the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.17		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations, Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
Þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations, Enter;			
a	Gross income from members or shareholders			
D)	Gross income from other sources (Do not net amounts due or paid to other sources against	ł		
	amounts due or received from them.)			
Za.	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
Þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nunprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	J		
1	organization is licensed to issue qualified health plans	l	l	
C	Enter the amount of reserves on hand			
18	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		Х
4				

Sec	tion A. Governing Body and Management	***********		لما
			Yes	No
ta	Enter the number of voting members of the governing body at the end of the tax year	26	1	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	 1	1	
	officer, director, trustee, or key employee?	. 2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	···	**********	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		T	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		 	X
6	Did the organization have members or stockholders?			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		1	
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	``		
a	The governing body?	. 8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		1	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	7—	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		1	
	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		7	Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
12a		128	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	```	<u> </u>	
	in Schedule O how this was done	120	x	
13	Did the organization have a written whistleblower policy?	13	-	······································
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by independent	···	1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		 	$\overline{}$
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?	18a		x
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	"	1	_===-
	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		
Sec	tion C. Disclosure			
17	Ust the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on	ly) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.	• ·		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	ncial	
	statements available to the public during the tax year.	-		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	QUE TUCKER - (919)240-7401			
	222 FINLEY GOLF COURSE ROAD, CHAPEL HILL, NC 27517			
432006	3 11-07-14	For	m 990	(2014)

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

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

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

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

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

Nours for related organizations Nour	(A) Name and Title	(B) Average hours per week	box	not c , unte	38 pa	mora rson	than Is bol	h en	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
RESIDENT		hours for related organizations below line)	ladividual trustee or director	lastitutional trustee	Officer	Key employee	Highest compensated employee	निव्य	organization (W-2/1099-MISC)	-	organization and related
1.00	(1) MAURICE GREEN	1.00									
VICE PRESIDENT	PRESIDENT		X		X		_		0.	0.	0.
(3) BILL HILLER	(2) RODNEY SHOTWELL	1.00		ŀ							
PAST PRESIDENT			X		X		_		0.	0.	0.
(4) BRAD CRADDOCK		1.00							_ 1		
Director X			X	ļ	X				<u> </u>	0.	0.
S		0.60						ļ	_		_
Director X			X						0.	0.	0.
(6) TONY BALDWIN DIRECTOR (7) M.D. GUTHRIE DIRECTOR (8) JOE POLETTI DIRECTOR (9) CARLA BLACK DIRECTOR (10) RON BUTLER DIRECTOR (11) DAVID GENTRY DIRECTOR (12) SANDY GEORGE DIRECTOR (13) FAUL HOGGARD DIRECTOR (14) PATTY EVERS DIRECTOR (15) JOE FRANKS DIRECTOR (16) WENDELL HALL DIRECTOR (17) DARIN HARTNESS (18) DO . O . O . O . O . O . O . O . O . O		0.60	٠,							_	_
DIRECTOR		0 60	Λ	<u> </u>		_			V.	U.	0.
(7) M.D. GUTHRIE D.60 X		<u> </u>	v						^	0	•
DIRECTOR		0.60				-				<u> </u>	<u> </u>
(8) JOE POLETTI		V. 00	Y						n	Λ.	۸
DIRECTOR		0.60					-	\neg	V.		<u>v.</u>
(9) CARLA BLACK DIRECTOR (10) RON BUTLER O.60 DIRECTOR (11) DAVID GENTRY O.60 DIRECTOR (12) SANDY GEORGE DIRECTOR (13) PAUL HOGGARD DIRECTOR (14) PATTY EVERS DIRECTOR (15) JOE FRANKS DIRECTOR (16) WENDELL HALL DIRECTOR (17) DARIN HARTNESS O.60 DIRECTOR (17) DARIN HARTNESS O.60 DO.00 0.00			\mathbf{x}						0.1	٥.	n
DIRECTOR X		0.60	-			**********		\neg			
(10) RON BUTLER	DIRECTOR		X						0.	0.	0.
DIRECTOR	(10) RON BUTLER	0.60									
O	DIRECTOR		X					l	0.	0.	. 0.
12 SANDY GEORGE	(11) DAVID GENTRY	0.60									
DIRECTOR	DIRECTOR		Х						0.	0.	<u> </u>
13 PAUL HOGGARD	(12) SANDY GEORGE	0.60									
DIRECTOR	DIRECTOR		X						0.	0.	0.
(14) PATTY EVERS	· · · · · · · · · · · · · · · · · · ·	0.60							_		
DIRECTOR			X						0.	0.	0.
(15) JOE FRANKS DIRECTOR (16) WENDELL HALL DIRECTOR (17) DARIN HARTNESS 0.60 X 0.00 0.00 0.00		0.60	٦,					İ			_
DIRECTOR		0.60	Х						U.	0.	0.
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DIRECTOR X 0. 0. 0. (17) DARIN HARTNESS 0.60		በ ደበ	₩.	\dashv			-1	\dashv		<u> </u>	<u> </u>
(17) DARIN HARTNESS 0.60		0.00	v						_	۱ م	^
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			$ \mathbf{x} $		- }				6	n	0.

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	below	12	Para Pa		akapt	1000) Pe	_			i i	nd related
	line)	individual trustee or director	nståutonal trustee	Office	Key employee	Highest compensated employee	Ē			org	janizations
(18) TERESA HAYES	0.60			Ĭ	-		<u> </u>				
DIRECTOR		X						0.	0.		0
(19) SHERRY HOYLE	0,60]									•
DIRECTOR		Х	_		_			0.	0.		0
(20) BURT JENKINS	0.60			l							
DIRECTOR	1 2 60	Х						0.	0.		0
(21) RONNIE MENDENHALL	0.60					i			_		
DIRECTOR	0.60	Х	\vdash	_	-			0.	0.	ļ	0
(22) ROGER MORTON DIRECTOR	0.60	x		1				0.	0		
(23) REGGIE PEACE	0.60			\dashv	一			U.	0.		0
DIRECTOR	0.00	x						0.1	0.		0
(24) SCARLETT STEINERT	0.60										<u> </u>
DIRECTOR		x						0.	0.		0
(25) MARCUS WHICHARD	0.60										
DIRECTOR		Х				_	_	0.	0.		0
(26) DAVIS WHITFIELD	40.00										
COMMISSIONER THRU 6/30/15				X				147,517.	0.		.8,414
1b Sub-total						,, J	▶	147,517.	0.	1	8,414
						-	.				
 Total from continuation sheets to Part 								163,405.	0.		9,925
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	**********				*****		>	310,922.	0.		.9, <u>925</u> 18,339
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 c Total from continuation sheets to Part d Total (add lines 1b and 1c) 2 Total number of individuals (including but compensation from the organization) 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J former office line 1a? If "Yes," complete Schedule J former office line 1a? If "Yes," complete Schedule J former office line 1a? If "Yes," complete Schedule J former office line 1a? If "Yes," complete Schedule J former office line 1a? If "Yes," complete Schedule J former office line 1a. 	er, director, or tru	ıstee	liste , ke	d ab	ove) wh	or h	310,922. ceived more than \$100	0 . ,000 of reportable mployee on		Yes No
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Part VII Section A. Officers, Directors,	Trustees, Key Er	npie I	yee	8, a	nd l	ligh	est	Compensated Employ	ees (continued)		
(A) Name and title	(B) Average hours per)) 809	다 ition)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	week (list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Kay employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
27) GARY CAVANAUGH	40.00			42				## 000			
BUSINESS DIRECTOR 28) QUE TUCKER	40.00	 		X	-			56,382.	0.	10,420	
COMMISSIONER FROM 7/1/15	***************************************					X		107,023.	0.	9,505	
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TOTAL STATE OF THE											
**************************************	AND STATE OF CONTROL OF A A										
otal to Part VII, Section A, line 1c							_	163,405.	**************************************	19,925	

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
表表	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
A.E		Fundraising events						
医面	d	Related organizations	10					
S.E	0	Government grants (contributi	ions) <u>1e</u>	298,434,				
5 X	f	All other contributions, gifts, grant	ts, and					
草到		similar amounts not included abov	ve 11	2,329,544,				
Ęĕ		Noncash contributions included in lines						
<u>8 0</u>	h	Total, Add lines 1a-1f	********************		2 627 978.			
				Business Code				
Program Service Revenue	2 a	GATE RECEIPTS		711210	1,539,460.			
£ 3	b INSURANCE ADMINISTRATION 524292			636 565.	636,565,			
ES	C	,		711210	465,700	465,700,		
88	Q.	MEMBERSHIP DUES	711210	370,691,	370,691.			
8	e	PROGRAMS, RULEBOOKS, AI		711210	45,822,	45,822.		
_	1	All other program service reve						
	3	Total, Add lines 2a-2f			3 058 238.			
	4	other similar amounts)			744 000			
	4	Income from investment of tax	v avamnt hand i	orocaede 🔈	744,220.			744,220.
	5	Royalties						
	•	Transfer Commencer Commenc	(i) Real	(ii) Personal				
	6 a	Gross rents		(1) 1 01001101				
		Less: rental expenses			•			
		Rental income or (loss)						
		Net rental income or (loss)		>				
1		Gross amount from sales of	(i) Securities	(ii) Other			***************************************	
		assets other than inventory	5,717,995					
	b	Less: cost or other basis						
		and sales expenses	4,767,239	23,857.				
	C	Gain or (loss)	950,756	11,219,				
		Net gain or (loss)			961,975,			961,975,
4	8 a	Gross income from fundraising			-			
1		Including \$	af					
Revenue		contributions reported on line	•					
at l		Part IV, line 18	a					
윰		Less: direct expenses	***************************************					
ı		Net income or (loss) from fund	•	<u></u>				
	9 a	Gross income from gaming ac						
		Part IV, Ine 19		1				
		Less: direct expenses Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	iv a	and allowances				1		
	h	Less: cost of goods sold	a	1				
		Net income or (loss) from sale		·				
		Miscellaneous Revenu		Business Code				
	11 a							
	b	MUZNIM COMPANION CONTRACTOR CONTR						
	C				<u>.</u>			
	d	All other revenue						
	e	Total. Add lines 11a-11d	********	🕨				
10.27	12	Total revenue. See instructions.			7 392 411.	3,058,238,	(1 706 195.
43200 11-07	14				•			Form 990 (2014)

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

Include amounts reported on lines 6b, 9b, and 10b of Part VIII. Inants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Inants and other assistance to domestic advividuals. See Part IV, line 22 Inants and other assistance to foreign arganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 Inenefite paid to or for members arganization of current officers, directors, ustees, and key employees compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) Inter salaries and wages ansion plan accruals and contributions (include action 401(k) and 403(b) employer contributions) ather employee benefits ayroll taxes ees for services (non-employees): lanagement	712,173. 52,489. 77,404. 80,138.	(B) Program service expenses 969,133. 26,250. 198,799. 449,016. 33,094. 48,802.	167,495. 103,498. 7,628.	Fundraising expenses
and domestic governments. See Part IV, line 21 Iterats and other assistance to domestic Idividuals. See Part IV, line 22 Iterate and other assistance to foreign Irganizations, foreign governments, and foreign Irganizations, foreign governments, and foreign Irganizations, foreign governments, and foreign Irganizations, foreign governments, and foreign Irganizations, foreign governments, and foreign Irganizations, foreign governments, and foreign Irganizations, foreign governments, and foreign Irganizations, foreign governments, and foreign Irganizations of current officers, directors, Irganization of current officers, directors, Irganization of current officers, directors, Irganization of current officers, directors, Irganization of current officers, directors, Irganizations of current officers, directors, Irganizations of current officers, directors, Irganizations of current officers, directors, Irganizations of current officers, directors, Irganizations, foreign governments, and foreign Irganizations, foreign governments,	26,250. 366,294. 712,173. 52,489. 77,404.	198,799. 449,016. 33,094.	103,498.	
trants and other assistance to domestic adividuals. See Part IV, line 22 brants and other assistance to foreign arganizations, foreign governments, and foreign adividuals. See Part IV, lines 15 and 16 brants and to or for members arganization of current officers, directors, austees, and key employees compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) arther salaries and wages ansion plan accruals and contributions (include action 401(k) and 403(b) employer contributions) atther employee benefits ayroll taxes	26,250. 366,294. 712,173. 52,489. 77,404.	198,799. 449,016. 33,094.	103,498.	
adividuals. See Part IV, line 22 brants and other assistance to foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations. See Part IV, lines 15 and 16 organization of current officers, directors, oustees, and key employees ompensation not included above, to disqualified organization not included above, to disqualified organization and included above, to disqualified organization described in section 4958(f)(1)) and organization described in section 4958(c)(3)(B) organization of current officers, directors, oustees, and key employees ompensation not included above, to disqualified organization described in section 4958(c)(3)(B) organizations organizations, foreign governments organizations, foreign governments organizations, foreign governments organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign governmen	366,294. 712,173. 52,489. 77,404.	198,799. 449,016. 33,094.	103,498.	
trants and other assistance to foreign organizations, foreign governments, and foreign adviduals. See Part IV, lines 15 and 16 denefits paid to or for members organization of current officers, directors, sustees, and key employees organization not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) deter salaries and wages ension plan accruals and contributions (include action 401(k) and 403(b) employer contributions) of the employee benefits ayroll taxes ees for services (non-employees):	366,294. 712,173. 52,489. 77,404.	198,799. 449,016. 33,094.	103,498.	
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conefits paid to or for members compensation of current officers, directors, custees, and key employees compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(8) wither salaries and wages ension plan accruals and contributions (include action 401(k) and 403(b) employer contributions) other employee benefits ayroll taxes ess for services (non-employees): lanagement	712,173. 52,489. 77,404.	449,016. 33,094.	103,498.	
compensation of current officers, directors, ustees, and key employees compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(8) cher salaries and wages ension plan accruals and contributions (include action 401(k) and 403(b) employer contributions) ether employee benefits eavroil taxes eas for services (non-employees):	712,173. 52,489. 77,404.	449,016. 33,094.	103,498.	
ustees, and key employees compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(8) wither salaries and wages ension plan accruals and contributions (include action 401(k) and 403(b) employer contributions) wither employee benefits ayroll taxes ess for services (non-employees): lanagement	712,173. 52,489. 77,404.	449,016. 33,094.	103,498.	
ompensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ether salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) ether employee benefits eavroil taxes ees for services (non-employees):	712,173. 52,489. 77,404.	449,016. 33,094.	103,498.	
ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) either salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) either employee benefits eavroil taxes ees for services (non-employees):	52,489. 77,404.	449,016. 33,094.	103,498.	
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ension plan accruals and contributions (include action 401(k) and 403(b) employer contributions) wither employee benefits ayroll taxes sees for services (non-employees):	52,489. 77,404.	33,094.		
action 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ees for services (non-employees): lanagement	77,404.		7.628-	
ayroll taxes ees for services (non-employees): lanagement	77,404.			11,767
ayroll taxes ees for services (non-employees): lanagement			11,249.	17,353
ees for services (non-employees):		48,394.	19,224.	12,520
lanagement	ļ			***************************************
egal				
ecounting				· · · · · · · · · · · · · · · · · · ·
obbying				
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ther. (If line 11g amount exceeds 10% of line 25.	23272001		199,4001	
	129 714	69 928	EQ 706	
		09,320.	39,100.	45 000
ffice expenses		1/1 082	90 101	45,000
formation technology	230,331.	141,3041	007137	8,358
nyalties			The American	Posts A
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				1,787
	12,400	1,013.	3,110.	677
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	116 442	01 252	00 000	A A
	22 550	31,303.	AA EEA	2,251
evments to efficience	44,336.		42,558.	
enreciation depletion and amortization	70 621	20 215	20 244	
*************************************	323,333.	4/1,000 ·	52,333.	
ove. (List miscellaneous expenses in line 24e, If Iline		Politica Communication of the		
	942.410.	942.410.		· · · · · · · · · · · · · · · · · · ·
ATE RECEIPTS DISTRIBUT				
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				72,950.
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				350,447.
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	rofessional fundraising services. See Part IV, line 17 evestment management fees ther. (If line 11g amount exceeds 10% of line 25, plumn (A) amount, list line 11g expenses on Sch 0.) divertising and promotion ffice expenses formation technology poyalties coupancy exercited formation technology poyalties coupancy exercited formation technology poyalties and feeling formation technology poyalties coupancy exercited formation technology poyalties coupancy exercited formation technology poyalties poyalties formation technology poyalties coupancy exercited formation formation technology poyalties and feeling formation formation formation formation for find find formation for find find find find find find find find	refessional fundraising services. See Part IV, lins 17 investment management fees	rofessional fundraising services. See Part IV, line 17 restment management fees ther. (If line 11g amount exceeds 10% of line 25, blumn (A) amount, list line 11g expenses on Sch O.) divertising and promotion ffice expenses formation technology opalities coupancy ravel ravel or entertainment expenses r any faderal, state, or local public officiats onferences, conventions, and meetings rary faderal, state, or local public officiats onferences, conventions, and meetings reset re	199,483 199,

Form 990 (2014)
Part X Balance Sheet

rai		Check if Schedule O contains a response or note to any line in this Part X	14.2.4		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	9,180,385.	1	8,137,465.
- 1	2	Savings and temporary cash investments	771,077.	2	960,444.
	3	Pledges and grants receivable, net	224,532.	3	172,369.
1	4	Accounts receivable, net	29,383.	4	94,528.
1	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
- 1		Part II of Schedule L	****	5	
	6	Loans and other receivables from other disqualified persons (as defined under			
1		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
\$		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	g	Prepaid expenses and deferred charges	48,101.	9	58,571.
	10a	Land, buildings, and equipment: cost or other			
i		basis. Complete Part VI of Schedule D 10a 2,358,730.			
	þ	Less: accumulated depreciation 10b 783,528.	<u>567,674.</u>		1,575,202.
	11	Investments - publicly traded securities	18,662,246.		19,696,562.
	12	Investments - other securities. See Part IV, line 11	1,783,468.	12	1,765,837.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,249,909.	15	2,310,718.
	16	Total assets, Add lines 1 through 15 (must equal line 34)	33,516,775.	16	34,771,696.
	17	Accounts payable and accrued expenses	<u>890,859.</u>	_17_	1,492,669.
	18	Grants payable		18	
	19	Deferred revenue	234,930.	19	236,955.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
18	22	Loans and other payables to current and former officers, directors, trustees,			,
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,000,000.	24	809,973.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	62,668.		62,668.
_	26	Total liabilities, Add lines 17 through 25	2,188,457.	26	<u>2,602,265.</u>
		Organizations that follow SFAS 117 (ASC 958), check here			
\$		complete lines 27 through 29, and lines 33 and 34.			
1	27	Unrestricted net assets	19,455,186.	27	19,649,777.
	28	Temporarily restricted net assets	93,276.	28	80,143.
ᅙ	29	Permanently restricted net assets	11,779,856.	29	12,439,511.
표		Organizations that do not follow SFAS 117 (ASC 958), check here			
8		and complete lines 30 through 34.			
器	30	Capital stock or trust principal, or current funds		30	
%	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
-	33	Total net assets or fund balances	31,328,318.	33	<u>32,169,431.</u>
	34	Total liabilities and net assets/fund balances	33,516,775.	34	34,771,696. Form 990 (2014)

	1980(2014) ASSOCIATION, INC.	50-06	55425	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	***********	*******		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,39	2,4	111.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,53		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,86		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,32		
5	Net unrealized gains (losses) on investments		-1,08		
6	Donated services and use of facilities				
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6	0.8	109.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			~··· -	
	column (B))	10	32,16	9.4	31.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			,,,,	\mathbf{x}
	<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," explain in Schedule	O.			
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				}
	X Separate basis Consolidated basis Both consolidated and separate basis				}
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compliation of its financial statements and selection of an independent accountant?		20	Х	İ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schr	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?	-	3a		X
þ	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			T
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		зь		

Form **990** (2014)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Name of the organization

NORTH CAROLINA HIGH SCHOOL ATHLETIC

Employer identification number 56-0655425

-	ASSO	CIATION, I	NC.				56-0655425
Part !	Reason for Public (e instructions.	
The orga	nization is not a private found						
1 🖳	A church, convention of ch			in sectlo	n 170(b)(1)(A)(i).	
2 🖳	A school described in secti	ian 170(b)(1)(A)(ii). (Attach Schedule E.)				
з 🖳	A hospital or a cooperative						
4 📖	A medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii)	. Enter the hospital's name,
	city, and state:						•
Б 🗔	An organization operated for	or the benefit of a co	liege or university owns	d or opera	led by a go	overnmental unit	described in
	section 170(b)(1)(A)(iv). (C						
6 🗀	A federal, state, or local gov	vernment or governr	nental unit described in :	section 17	/0(b)(1)(A)	(v).	
7	An organization that norma						eneral public described in
	section 170(b)(1)(A)(vi). (C		•				, and the second second second
в	A community trust describe	•	(1)(A)(vi). (Complete Per	F II A			
9 X					contributio	ang mamharehin	fees, and gross receipts from
-	•						support from gross investment
							ization after June 30, 1975.
	See section 509(a)(2). (Cor		(1000 000 III)	om Doumo	none world	area by the organ	ikation aiter outle 30, 1975.
10 🗀	An organization organized		ively to feet for nublic ea	fatu Saa	eaction 66)()/a)/A)	
11	An organization organized						aut the auroeses of one or
- 7	more publicly supported or						
	lines 11a through 11d that						
a \square	Type I. A supporting orga						
	the supported organization						
	organization. You must o			z majunty i	or the oner	TOTA OF HUSINGS	y are supporting
h [Type II. A supporting org			binn with H		ad avaaniuntiaa(a)	ha bandan
•	control or management o						
				ama harac	ais mai co	ontroi or manage	me supported
	organization(s). You mus	-		l=	ماقلات ماقلت		-14399-
° L	Type III functionally inte						itegrated with,
	its supported organizatio						
d L	Type III non-functionally						
	that is not functionally int						attentiveness
	requirement (see instruct						
e L	☐ Check this box if the orga					ı Type I, Type II, 1	ype III
	functionally integrated, or				zation.		
	er the number of supported of						.
g Pro	vide the following information (i) Name of supported	n about the supporte		(iv) is the o	raonization	6.3.4	
	organization	i interna	(till) Type of organization (described on lines 1-9	listed		(v) Amount of mo support (see	
			above or IRC section	governing		Instructions	, , ,
			(see instructions))	Yes	No		
							ŀ
						- · ·	
				ļ		<u></u>	
		1					
		1					
Total							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432821 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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.)

<u>28</u>	cuon A. Public Support						
Calc	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						***************************************
	membership fees received. (Do not			1		1	
	include any "unusual grants.")		<u> </u>				•
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				-		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					İ	
	the organization without charge						
4	Total. Add lines 1 through 3						
6	The portion of total contributions			· · · · · · · · · · · · · · · · · · ·			
	by each person (other than a					İ	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					İ	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
<u>Se</u>	ction B. Total Support						
	ndar year (or fiscal year beginning in) ⊳	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						1
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,			********44=4.78.54484		12	
13	Firet five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
0-	organization, check this box and stop	here			1974) - Anna (1784) - 1884) - 1884)	***************)
	ction C. Computation of Publi				····		
14	Public support percentage for 2014 (li	ne 6, column (f) d	ivided by line 11, o	column (f))		14	96
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
168	33 1/3% support test - 2014. If the o	rganization did no	at check the box o	n line 13, and line	14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies a	is a publicly supp	orted organization			***********	
t	33 1/3% support test - 2013. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	& or more, check t	his box
	and stop here. The organization quality	iles as a publicly s	supported organiz	ation			
178	10% -facts-and-circumstances test	- 2014. If the org	anization did not d	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fact	s-and-circumstan	ces" test, check ti	nis box and stop i	here. Explain in Pa	ut VI how the orga	nization
	meets the "facts and circumstances" t	est. The organiza	ition qualifies as a	publicly supporte	d organization	*********************	>
ħ	10% -facts-and-circumstances test	- 2013, if the org	anization did not o	heck a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	e "facts and circu	imstances" test, cl	heck this box and	stop here, Explai	n in Part VI how the	
	organization meets the "facts and circ	umstances" test.	The organization o	ldud a sa sellitaup	icly supported org	anization	▶□
18	Private foundation. If the organization	i ald not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 ASSOCIATION, INC.

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	qualify under the tests listed better the control of the control o	elow, please comp	olete Part II.)				
	ndar year (or flacal year beginning in)	(a) 2010	(b) 2011	(-1.0040	400040		
	Gifts, grants, contributions, and	(8) 2010	(0)2011	(a) 2012	(d) 2013	(e) 2014	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	3178897	3065717.	3365423.	3370710	2464260	16445116
9	Gross receipts from admissions,	JI/0077.	3003/1/.	3303423.	33/0/10.	3404369.	16445116.
	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2014071.	2125510.	2107548.	2094812.	2221847.	10563788.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	5192968.	5191227.	5472971.	5465522.	5686216.	27008904.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	435,836.	441,306.	487,712.	454,311.	573,358.	2392523.
	Amounts included on fines 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	,					0.
c	Add lines 7a and 7b	435,836.	441,306.	487,712.	454,311.	573,358.	2392523.
	Public support (Subtract line 7c from line 6.)						24616381.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2010	(ъ) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	5192968.	5191227.	5472971.	5465522.	5686216.	27008904.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	354,054.	244,460.	454,199.	670.195.	744.220.	2467128.
b	Unrelated business taxable income					, ,	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						1
٥	Add lines 10a and 10b	354,054.	244,460.	454,199.	670,195.	744,220.	2467128.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				<u> </u>	733/2200	2407120.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					J	
	Total support. (Add lines 9, 100, 11, and 12.)		5435687.				29476032.
14	First five years, if the Form 990 is for	the organization's	first, second, thir				
				*************************			>
	tion C. Computation of Publ						
	Public support percentage for 2014 (i			olumo (f))	10 10 de mentrostrost	15	83.51 %
	Public support percentage from 2013					16	<u>85.07 %</u>
	tion D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·			
17	Investment income percentage for 20					17	<u>8.37 %</u>
18	Investment income percentage from 2				***********************	18	7.08 %
	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box as						
	33 1/3% support tests - 2013, If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation, If the organization	n <u>qid</u> not check a l	oox on line 14, 19a	ı, or 19b, check th		·	
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Part IV Supporting Organizations

(Complete only if you checked a box on 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.
- Old 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 acided, 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 36-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 9(a)) 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 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2	<u> </u>	
	2.		
	3a		
	3b		
	30		
	3c	 	
	4a		
	4b		
	4c		
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	edule A (Form 990 or 990 EZ) 2014 ASSOCIATION, INC.	56-06554	<u>25 P</u>	age 5
[Pa	rt IV Supporting Organizations (continued)		Т.,	T
11	Has the organization accepted a gift or contribution from any of the following persons?	-	Yes	No
	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	1	
h	A family member of a person described in (a) above?		+-	
	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.	11b	_	+-
	ction B. Type I Supporting Organizations	<u> 11c</u>	ш	1
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		İ	
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			İ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sec	tion D. 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	İ		
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior to	ax	İ	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
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		İ	
	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			ļ
	supported organizations played in this regard.	<u> </u>		<u>L.</u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year(see in	structions):		
a				
b				
C		tity (see instruction		т
2	Activities Test, Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities.		-	
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		1	
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
9	, , , , , , , , , , , , , , , , , , , ,	[Ì	
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	+-	 -
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	[
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			<u> </u>

	tt V Type III Non-Functionally Integrated 509(a)(3) Supporting			56-0655425 Page 6
ъ	1340 to 1401 t another integrated ecological capportal			, , , , , , , , , , , , , , , , , , , ,
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	. 5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year);			
a	Average monthly value of securities	1a		.,
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	10		
	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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
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)	a		
7	Check here if the current year is the organization's first as a non-functional	heintearata	d Type til gunsoding om	lanization /eas
	Instructions)	it unoficie	a isha uranbhorung ori	Jameanoll (888

Schedule A (Form 990 or 990-EZ) 2014

Sche Par	dule A (Form 990 or 990 EZ) 2014 ASSOCIATION,		5	6-0655425 Page 7
	1 11po til 1toli 1 allotivitally littogratica 000	(a)(3) Supporting Orga	anizations (continued)	
	on D - Distributions	- 6.mm fv4.mm.mm		Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
<u> </u>	Amounts paid to acquire exempt use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
<u>7</u>	Total annual distributions, Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required see instructions)			
3	Excess distributions carryover, if any, to 2014:			·····
a				
b				
c				
<u>d</u>				
е	From 2013			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
<u> a</u>	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016, Add lines 3j and 4c.			
8	Breakdown of line 7:	***************************************	· · · · · · · · · · · · · · · · · · ·	
a		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
b		-		
C			· · · · · · · · · · · · · · · · · · ·	
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

NORTH CAROLINA HIGH SCHOOL ATHLETIC Schedule A (Form 990 or 990 EZ) 2014 ASSOCIATION, INC. 56-0655425 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. 56-0655425 Page 8 Also complete this part for any additional information. (See instructions).

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ information about Schedule C (Form 980 or 990-EZ) and its instructions is at www.irs.gov/form990.

CMB No. 1845/0047 **Open to Public**

Department of the Treasury Internal Revenue Service

Inspection If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

) (see separate instructio	**	(**************************************		
Nam	ne of organization NO) organizations: Complete Part III. RTH CAROLINA HIGH SOCIATION, INC.			oyer identification number 56-0655425
Pø	art I-A Complete it	the organization is exemp	t under section 501(c)	or is a section 527 or	ganization.
2	Political expenditures	he organization's direct and indirect		> \$	
		f the organization is exemp			
1	Enter the amount of any	excise tax incurred by the organizati	on under section 4955	> \$	***************************************
2	Enter the amount of any	excise tax incurred by organization r	managers under section 495	5	Antenno mana angga paga paga paga paga paga paga
3	If the organization incurre	ed a section 4955 tax, did it file Form	1 4720 for this year?		Yes No
48	Was a correction made?	***************************************	·····		Yes No
	If "Yes," describe in Part	IV.			
Pε	art I-C Complete i	the organization is exemp	t under section 501(c), except section 501(c)(3).
1	Enter the amount directly	expended by the filing organization	for section 527 exempt fund	ction activities >\$	
2	Enter the amount of the	illing organization's funds contribute	d to other organizations for a	section 527	
	exempt function activities	s			
3		penditures. Add lines 1 and 2. Enter			
	line 17b				
5	Enter the names, addres made payments. For eac contributions received th	n file Form 1120-POL for this year? ses and employer identification num th organization listed, enter the amou at were promptly and directly delive e (PAC). If additional space is neede	ber (EIN) of all section 527 p unt paid from the filing organ red to a separate political or	political organizations to whici nization's funds. Also enter th ganization, such as a separa	h the filing organization e amount of political
	(a) Name	(b) Address	(o) EIN	(d) Amount paid from filing organization's funds. If none, enter ·0·.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter ·0·.
_					
					•

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

Schedule C (Form 990 or 990-EZ) 2014

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Schedule C (Form 990 or 990-EZ) 2014 A: Part II-A Complete if the organ	SOCIATION	N, INC.	n 501(c)(3) and file	56-	0655425 Page 2
section 501(h)).	IIZUGON 15 GAG	mbr ander section	n ov itolial and me	sa romii 5706 (election ander
	n helongs to an at	filiated grown (and liet i	n Part IV each affiliated	Orough manufactor no.	to address Fibt
expenses, and share			Trantiv each annialeu	group meinber's na	me, address, EIN,
	, -	and "limited control" pro	vieina enniv		
Limits	on Lobbying Expe			(a) Filing organization's totals	(b) Affillated group totals
1a Total lobbying expenditures to influen	nce public opinion	(grass roots labbying)		.,	
b Total lobbying expenditures to influe	nce a legislative bo	ody (direct lobbying)	ANTHORNE CHIEF CHIEF		
c Total lobbying expenditures (add line	s 1a and 1b)	(=			
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add lines 1c and 1	d)			
Lobbying nontaxable amount. Enter	he amount from II	ne following table in bot	h columns		
If the amount on line 1e, column (a) or (bbying nontaxable am			
Not over \$500,000		f the amount on line 1e	******		
Over \$500,000 but not over \$1,000,0		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00	<u> </u>	00 plus 5% of the exce			
Over \$17,000,000	\$1,000		40 0101 \$1,000,000.		
	<u> </u>	3			
g Grassroots nontaxable amount (enter h Subtract line 1g from line 1a. If zero of j Subtract line 1f from line 1c. If zero of j If there is an amount other than zero reporting section 4911 tax for this ye	r less, enter :0 r less, enter :0 on either line 1h oi ar?	r line 1i, did the organiz	ation file Form 4720	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
(Some organizations that	made a section (veraging Period Under 501(h) election do not rate instructions for li	have to complete all o	f the five columns	below.
	Lobbying Expe	inditures During 4-Ye	ar Averaging Period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying celling amount (150% of line 2a, column(e))					
c Total tobbying expenditures	71.77.7.				
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
(4)					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

56-0655425 Page 3

içnedule G (Form 990 of 990 EZ) 2014 ASSOCIATION, INC.	
Part II-B	Complete if the organization is exempt under section	501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).	

	a)	(b	•)
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Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990 EZ) 2014 ASSOCIATION, INC. Part IV Supplemental Information (continued)	56-0655425 Page 4
- TO ASSIST IN THE DEVELOPMENT OF A RELATIONSHIP BETWEEN	THE NORTH
CAROLINA GENERAL ASSEMBLY TO INCLUDE FUNDING FOR THE STUI	DENT SERVICES
PROGRAM IN THE CONTINUATION BUDGET OF THE DIVISION OF MH,	DD/SAS TO
ENSURE BUDGET STABILITY AND FACILITATE LONG-RANGE PLANNING	IG AND PROGRAM
CONTINUITY.	
- TO ASSIST IN THE DEVELOPMENT OF A RELATIONSHIP BETWEEN	THE
ASSOCIATION AND THE DEPARTMENT OF HUMAN RESOURCES (DHR) S	O THAT THE
ASSOCIATION MAY BECOME A SIGNIFICANT STAKEHOLDER IN THE C	COMMUNITY BASED
INITIATIVES OF DHR. TO PROMOTE THE OBJECTIVES OF THE STUI	ENT SERVICES
PROGRAM WITH DHR AND THE OTHER EXECUTIVE DEPARTMENTS OF S	STATE
GOVERNMENT SO THAT THESE DEPARTMENTS WILL IN TURN BECOME	ADVOCATES FOR
THE OBJECTIVES OF THE ASSOCIATION.	
- TO ASSIST WITH ANY TOPICAL LEGISLATIVE ISSUES THAT ARIS	SE RELATED TO
HIGH SCHOOL ATHLETICS.	
	Natural Control of Con
	1-71/1-2-A
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to 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 Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. NORTH CAROLINA HIGH SCHOOL ATHLETIC

Inspection **Employer identification number**

ASSOCIATION, INC. 56-0655425 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Ilne 7. 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 Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 25 Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register <u>2d</u> Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, 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) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 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. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a 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. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X if the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

1

Assets included in Form 990, Part X

Part III Organizations Mainteining Collections of Art, Historical Treasures, or Other Similar Assetscontinued graphs and other records, check any of the following that are a significant use of its collection items (check all that supply): a Public exhibition d			TION, INC.	.4 I N - 4 1 - 1 - 1		-1	<u> </u>	6-06	5542	5 Р	age 2
check all that apply): a		Cin Organizations Maintaining C	Joilections of A	rt, Historical Tr	easures, or O	ther	Simila	r Asse	ts (conti	iued)	
a Public exhibition d Lan or exchange programs	3		lon, and other record	is, check any of the	following that are	a sign	ificant u	se of its	collectio	n iten	18
b Scholarly research Preservation for future generations Other		· · · · ·									
C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests. 7 Test 1 Test 1 Test 1 Test 1 Test 2 Test 2 Test 2 Test 3			d								
Povide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	_		ė	Other	<u></u>						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Lo be solid to raise funds rather than to be maintained as sent of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 980, Part IV, line 9, or reported annount on Form 980, Part X ine 21. 1a is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X in 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Additions during the year □ Distributions during the year during the year during the year during the year during the year during the year during the year during the year during the year during the year during the year during the year during the year during the year during the year during the year during the ye	C										
Lot be sold to raise funds rather than to be maintained as part of the cranarization's collection? Yes No	4	Provide a description of the organization's c	ollections and explai	n how they further t	he organization's e	exemp	t purpo	se in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990. Part X line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete India	5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other sin	nilar as	sets	_	_		_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Do	to be sold to raise lunds rather than to be m	aintained as part of t	he organization's co	ollection?	********			Yes		No
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b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10	12								7		-
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Part V Endowment Funds. Complete if the explanation has been provided in Part XIII	7	Ending palance		**************************************	* ***	****	1f		_		
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Iag Current year (b) Prior year (c) Two years back (d) Tirree years back (e) Four ye	za L	but the digatization include an amount on F	om 990, Part X, line	21, for escrow or ci	ustodial account fi	ability1	,,,,,,,	Ь	'j Aes	ļ	Į No
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Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				Part IV line 11e C	an Form 000 Bod	V IIna	10				
basis (investment) basis (other) depreciation 1e Land 655,512. 406,093. 249,419. c Leasehold improvements 1,081,643. 48,912. 1,032,731. d Equipment 346,917. 177,297. 169,620. e Other 274,658. 151,226. 123,432.								. 7			
1e Land 655,512. 406,093. 249,419. c Leasehold improvements 1,081,643. 48,912. 1,032,731. d Equipment 346,917. 177,297. 169,620. e Other 274,658. 151,226. 123,432.		Description of property		1111				'	(d) Rool	(value	9
b Buildings 655,512. 406,093. 249,419. c Leasehold improvements 1,081,643. 48,912. 1,032,731. d Equipment 346,917. 177,297. 169,620. e Other 274,658. 151,226. 123,432.	10	Land		,y V4313 1	Cutor,	-ahi a	nauvii	— —			
c Leasehold improvements 1,081,643. 48,912. 1,032,731. d Equipment 346,917. 177,297. 169,620. e Other 274,658. 151,226. 123,432.				EE	5 512	40	<u> </u>	. -	7.61	2 4	10
d Equipment 346,917. 177,297. 169,620. e Other 274,658. 151,226. 123,432.	ė	Leasahoid improvements	•••								
e Other 274,658. 151,226. 123,432.											
	Total	Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X. column (R) line 1	<u>= 10 JU + </u>	د ــــــــــــــــــــــــــــــــــــ	+.44	· · · · · · · · · · · · · · · · · · ·			

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Schedule D (Form 990) 2014

	(Form 990) 2014	ASSUCIA	ATL
Part VII	Investments -	Other Securi	ties.

Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1	lb. See Form 990, Part X, line 12.
(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	1,765,837.	END-OF-YEAR MARKET VALUE
(2) Closely-held equity interests		4444
(3) Other		
(A)		***************************************
(8)		
(C)		
(D)		
Œ		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,765,837.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1	1c. 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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		V V
(9)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.
(a) C	Description	(b) Book value
(1) CASH VALUES OF LIFE INSIDA	NOR	2 310 718

	(b) Book value
(1) CASH VALUES OF LIFE INSURANCE	 2,310,718.
(2)	
(9)	
(4)	 <u></u>
(5)	
(6)	
(8)	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	 2.310.718.

Other Liabilities.

Complete if the organization answered "Yes" to 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)	AGENCY FUNDS	62,668.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	62,668.

^{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 llability for uncertain tax positions under FIN 48 (ASC 740), Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2014

432053 10-01-14

	dbis D (Form 930) 2014 ASSOCIATION, INC.			56-	065 <u>54</u> 25	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per R	letur	1.	
1	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements		THAT THAT I	T	C 201	450
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	6,381	,452.
a	Net unrealized gains (losses) on investments	2a	-1,081,268.			
b	Donated services and use of facilities	2b	9,500.	3 1		
C	Recoveries of prior year grants	2c		1		
đ	Other (Describe in Part XIII.)	2d	60,809.			
8	Add lines 2a through 2d			20	-1,010	959
3	Subtract line 2e from line 1		The second second section of the second seco	3	7,392	.411.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		erretedesterrer interes e e como o			<u> </u>
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,392	411.
Pa	T XII Heconciliation of Expenses per Audited Financial Stateme	ents V	lith Expenses per	Retu	m.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			,		
1	Total expenses and losses per audited financial statements		9**********	1	5,540	<u>.339.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
a	Donated services and use of facilities	2a	<u>9,500.</u>			
þ	Prior year adjustments	2b				
d	Other losses	2c				
_	Other (Describe in Part XIII.)			$\mid \mid \mid$	•	5 00
3	Add lines 2a through 2d Subtract line 2e from line 1	********		2e	<u> </u>	<u>500.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		** ******* ********** ** ** ***	3	5,530,	839.
a	Investment expenses not included on Form 990, Part VIII, line 7b	احدا				
ь	Other (Describe in Part XIII.)	4b				
c	Add lines 4a and 4b			40		Λ
5	Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)	* - *		6	5,530,	839.
Pai	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines	1b and 2b; Part V, line	1; Part	X, line 2: Part >	(),
Benii	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	iona) inf	ormation.			
	The state of the s					***************************************
PAF	T V, LINE 4:					

THE	ORGANIZATION'S ENDOWMENTS WERE ESTABLISHE	D F	OR A VARIETY	OF	PURPOSE	s.
						7-7-
ם א מ	m v itam 1.					
PAR	T X, LINE 2:					
THE	ORGANIZATION IS EXEMPT FROM INCOME TAXES	TINTINE	O COOMIAN E	01//	31/31 05	
	ONORTH DISTORATE DE LANGUE TAXES	OMDE	AR SECTION 5	OTIC	;)(3) OF	
THE	INTERNAL REVENUE CODE AND IS CLASSIFIED A	s on	HER THAN A	יד מם	/አመፑ	
		<u>V V.</u>	. A Mair Men	EVT	ALE	
FOU	NDATION. IF APPLICABLE, PENALTIES AND INT	ERES	T ASSESSED	BY 1	NCOME	
						*
<u>KAT</u>	<u>ING AUTHORITIES ARE INCLUDED IN GENERAL AN</u>	D AI	MINISTRATIV	E E	CPENSES.	
MAŅ	AGEMENT EVALUATED TAX POSITIONS FOR ITS TA	X RE	TURNS, AND	CONC	LUDED T	HAT
* 111	RE ARE NO UNCERTAIN TAX POSITIONS, AND BEL	TEVE	S THERE IS 1	I ON	NCOME T	AX
EFF	ECT ON THE FINANCIAL STATEMENTS.					
	OIGINEDATO:					

NORTH CAROLINA HIGH SCHOOL ATHLETIC Schedule D (Form 990) 2014 ASSOCIATIO Part XIII | Supplemental Information (continued) ASSOCIATION, INC. 56-0655425 Page 5 PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE 60,809.

Employer identification number 56-0655425 Open to Public CMB No. 1545-0047 Inspection Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. NORTH CAROLINA HIGH SCHOOL ATHLETIC General Information on Grants and Assistance ASSOCIATION, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part

2 (h) Purpose of grant or assistance TO SUBSIDIZE SCHOOL O SUBSIDIZE SCHOOL TO SUBSIDIZE SCHOOL O SUBSIDIZE SCHOOL NO SUBSIDIZE SCHOOL X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any OSTS. SISS Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 5,698 5,685, 5 348 5,354 5,462 (c) IRC section if applicable 56 6001004 56-6000522 56-6001123 56-6001123 56-0786755 (g) criteria used to award the grants or assistance? 1 (a) Name and address of organization NORTHERN GUILFORD HIGH SCHOOL CARDINAL GIBBONS HIGH SCHOOL 4901 MONROE-WEDDINGTON RD MARVIN RIDGE HIGH SCHOOL or government 7101 SPENCER DIXON ROAD WEDDINGTON HIGH SCHOOL CARREORO HIGH SCHOOL GREENSBORO, NC 27455 1401 EDWARDS MILL RD MATTHEWS NC 28104 CARREORO NC 27510 201 ROCK HAVEN RD RALEIGH NC 27507 WAXHAW NC 28173 2825 CRANE RD ¥

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

Schedule I (Form 990) (2014)

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TO SUBSIDIZE SCHOOL

COSTIS

:

5 024

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

56-1779865

CHARLOTTE CATHOLIC HIGH SCHOOL

7702 PINEVILLE-MATTHEWS RD

CHARLOTTE, NC 28226

Enter total number of other organizations listed in the line 1 table

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

Page 1 Schedule I (Form 990) (h) Purpose of grant or assistance TO SUBSIDIZE SCHOOL 56-0655425 COSTS. (g) Description of non-cash assistance Schedule I (Form 990) ASSOCIATION, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 5,029 (c) IRC section if applicable 56-6001074 (B) EIIN (a) Name and address of organization or government 1800 PINEVILLE MAPTHEWS RD PROVIDENCE HIGH SCHOOL CHARLOTTE, NC 28270

432241 05-01-14

Schedule i (Form 990) (2014) ASSOCIATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

56-0655425

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STUDENT SCHOLARSHIPS	17	22,250,	0		
COACH AWARDS	23	4 000	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ired in Part I, line	2, Part III, column	b). and any other ad	ditional information.	
SCHEDULE I, PART I, LINE 2 SCHOLARSHIPS AND AWARDS ARE GIVEN 1	TO SELECT	STUDENTS	AND COACHES	NI SS	to militare militare, and a manifest and a second s
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FIT. PAYMENTS TO SCHOOLS ARE CALCULATED BASED ON PREDETERMINED	ATED BAS	ED ON PREI	DETERMINED		
FORMULAE, AND FUNDS ARE SPENT AT THE	THE SCHOOLS'	S' DISCRETION.	TION.	- Transference of the Control of the	

Schedule I (Form 990) (2014)

SCHEDULE J (Form 990)

Compensation Information

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

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

QMB No. 1545-0847

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. NORTH CAROLINA HIGH SCHOOL ATHLETIC

Open to Public Inspection

Employer identification number ASSOCIATION, INC. 56-0655425 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	_1b_		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors.			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study	1		ļ
	Form 990 of other organizations X Approval by the board or compensation committee	1		[
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			İ
	organization or a related organization:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
8	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:]		
a	The organization?	6a		X
ь	Any related organization?	6b	<u> </u>	Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, dld the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	if "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6/c/2	9	l	1

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Schedule J (Form 990) 2014

ASSOCIATION, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 56-0655425 Schedule J (Form 990) 2014

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Borus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(b)(a)	
(1) DAVIS WHITPIELD	8	147,517.	0.	0	11,593.	6,821.	165,931.	0
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Schedule J (Form 990) 2014

Provide the information, or descriptions required for Part I. lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. 56-0655425 ASSOCIATION, INC. Schedule J (Form 990) 2014

Page 3

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

Employer identification number 56-0655425

Pa	rt Tymon of Dromorty	<u> </u>				1 30-	002	<u>) 4 4 .</u>	<u>, </u>
<u>[Fa</u>	rt I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo	rted on	Method of			ıts
1	Art - Works of art		ireius colfubbieo	Ponn 990, Part V	uu, iine 1g				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	-							
5	Clothing and household goods								
6	Cars and other vehicles	 					******		
7	Boats and planes								
8	intellectual property	<u> </u>							
9	Intellectual property								
	Securities - Publicly traded		·····						
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
40	trust interests				·····				
12	Securities - Miscellaneous								
13	Qualified conservation contribution								
	Historic structures								
14	Qualified conservation contribution - Other							··································	
15	Real estate - Residential								
16	Real estate - Commercial		· · · · · · · · · · · · · · · · · · ·						
17	Real estate - Other								
18	Collectibles								
19	Food inventory		-						
20	Orugs and medical supplies								
21	Taxidermy								
22	Historical artifacts		•						
23	Scientific specimens						***************************************		
24	Archeological artifacts							**	
25	Other (TEAM SUPPLIES)	X	5	102.	993.	ESTIMATED	FMV		
26	Other						<u> </u>		
27	Other							***	
28	Other ▶ (
29	Number of Forms 8283 received by the organic	zation durine	the tax year for c	ontributions		- · · · · · · · · · · · · · · · · · · ·			
	for which the organization completed Form 82	83. Part IV. [onee Acknowledo	ement	29				
	· ·							V	
30a	During the year, did the organization receive by	v contributio	n anv property ren	orted in Part I. lin	as 1 throug	ah 20 that it		108	No
	must hold for at least three years from the date	of the Initia	contribution and	which is not requi	irad ta ba	yn 20, triat it			
	exempt purposes for the entire holding period?								**
b	If "Yes," describe the arrangement in Part II.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Testatiqe+	30a		X
	Does the organization have a gift acceptance p	nolicy that re	mulres the review	of any non-standa	بالتقمم أتنا	tions?			
32a	Does the organization hire or use third parties of	nr rolated ar	aprizations to pali	of any nursianua	ita comple	TOOLS	31		X
									
h	If "Yes," describe in Part II.	Askina (Contrary)				******************************	32a		X
		anti							ı
	If the organization did not report an amount in describe in Part II.	column (c) fo	и а туре от ргорег	ty for which colum	nn (a) is ch	ecked,			į
HA		Ala - 1 4				and the state of t		L	
a 1/4	For Paperwork Reduction Act Notice, see	tne instruct	ions for Form 990	J.		Schedule M	l (Form	990) (2014)

Schedule M (Form 990) (20	14) ASSOCIATION	, INC.		56-0655425	Page 2
Part II Supplement is reporting in this part for an	I tal Information. Provid Part I, column (b), the numb ly additional information.	fe the information red er of contributions, t	quired by Part I, lines 30b, 3 he number of items receive	12b, and 33, and whether the organi d, or a combination of both. Also co	ization implete
		**************************************		eren eta eta reneren eta anticia della della della eta eta eta eta eta eta eta eta eta et	
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432142 08-12-14				Schedule M (Farm	1 990) (201/

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### 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.

2014 Open to Public Inspection

► Attach to Form 990 or 990-EZ.

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

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION. INC.

Employer identification number

ASSOCIATION, INC.	56-0655 <b>42</b> 5
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	MISSION:
AND ADMINISTRATORS.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE ORGANIZATION'S FORM 990 IS REVIEWED PRIOR TO FILING E	BY THE
ORGANIZATION'S BUSINESS MANAGER AND COMMISSIONER.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DURING THE ANNUAL BOARD OF DIRECTORS MEETING, THE DIRECTOR	ORS ARE ASKED IF
THEY HAVE CONFLICTS OF INTEREST THAT WOULD PREVENT THEM F	ROM BEING ON THE
BOARD DURING THE UPCOMING YEAR.	
FORM 990, PART VI, SECTION_B, LINE 15:	
NEW HIRE SALARIES AND PAY INCREASES ARE REVIEWED BY THE F	INANCE AND
PERSONNEL COMMITTEE AND APPROVED BY THE BOARD OF DIRECTOR	S. PAY LEVELS ARE
COMPARED TO THE ASSOCIATIONS OF OTHER STATES VIA DATA PRO	VIDED BY THE
NATIONAL FEDERATION. FORMAL NOTES OF THESE PROCESSES ARE	NOT RECORDED.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE FO	R PUBLIC
INSPECTION UPON REQUEST AT THEIR OFFICE. THE ORGANIZATION	ALSO PROVIDES
COPIES VIA MAIL TO INTERESTED PARTIES.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	hiterari
CHANGE IN CSV OF LIFE INSURANCE	60,809.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

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Schedule O (Form 990 or 990-EZ) (2014)  Name of the organization NORTH CAROLINA HIGH SCHOOL ATHLETIC  ASSOCIATION, INC.	Page 2 Employer identification number 56 0655425
FORM 990, PART XII, LINE 2C  THE FINANCE COMMITTEE HAS OVERSIGHT RESPONSIBILITY FOR TH	
STATEMENTS, THIS HAS NOT CHANGED FROM THE PRIOR YEAR.	
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### Form **8868**

(Rev. January 2014)

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

OMB No. 1545-1709

Department of the Treasury

File a separate application for each return.

Internal Revenue Service Information about Form 8868 and its instructions is at www.irs.gov/form8868.							
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.							
	u o o o o o o o o o o o o o o o o o o o						
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation							
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to requ							
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, information Return for Transfers Associated							
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing	of this form,						
visit www.irs.gov/effle and click on e-file for Charities & Nonprofits.  Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete							
Post I to							
Part Loniy	******						
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Enter filer's identifi							
Type or Name of exempt organization or other filer, see instructions.  Employer identifications.	on number (EIN) or						
print NORTH CAROLINA HIGH SCHOOL ATHLETIC							
ASSOCIATION, INC. 56-06	555425						
File by the che date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number.							
filing your return, See PO BOX 3216							
Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
CHAPEL HILL, NC 27515							
Enter the Return code for the return that this application is for (file a separate application for each return)	01						
Application Return Application	Return						
Is For Code Is For	Code						
Form 990 or Form 990-EZ 01 Form 990-T (corporation)	07						
Form 990-BL 02 Form 1041-A	08						
Form 4720 (Individual) 03 Form 4720 (other than Individual)	09						
Form 990-PF 04 Form 5227	10						
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11						
Form 990-T (trust other than above) 06 Form 8870	12						
QUE TUCKER							
• The books are in the care of > 222 FINLEY GOLF COURSE ROAD - CHAPEL HILL, NC 2'	7517						
Telephone No. ► (919)240-7401 Fax No. ►							
If the organization does not have an office or place of business in the United States, check this box							
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole	group, check this						
box >, If it is for part of the group, check this box > and attach a list with the names and EINs of all members the extra	ension is for.						
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until							
FEBRUARY 15, 2016 , to file the exempt organization return for the organization named above. The extens	lon						
is for the organization's return for:							
Calendar year or							
► X tax year beginning <u>JUL 1, 2014</u> , and ending <u>JUN 30, 2015</u> .							
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
Change in accounting period							
	0.						
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$							
C Balance due. Subtract fine 3b from line 3a. Include your payment with this form, if required,							
by using EFTPS (Electronic Federal Tax Payment System). See Instructions.							
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 88 instructions.	79-EO for payment						

### IRS e-file Signature Authorization

OMB	No	1545	IRYR

Form 8879-EO for an Exempt Organization For calendar year 2014, or flecal year beginning JUL 1 , 2014, and ending JUN 30 ,20 15 Do not send to the IRS. Keep for your records. Copartment of the Trensury Internal Revenue Service Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Name of exempt organization Employer identification number NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, INC. 5<u>6-0655425</u> Name and title of officer **OUE TUCKER** Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than I line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990-EZ, line 9) _______2b ____ 2a Form 990-EZ check here 3a Form 1120-POL check here 4a Form 990-PF check here 5a Form 8888 check here Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X sauthorize BLACKMAN & SLOOP, CPAS, P.A. to enter my PIN 12345 ERO firm name Enter five numbers, but do not enter all zeros as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent acreen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. <u>56044112345</u> I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) information for Authorized IRS e-file Providers for Business Returns.

> ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see Instructions. 423051 09-29-14

Form 8879-EO (2014)