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Form 990-EZ

Short Form

2014

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 04-01-2014

, and ending 03-31-2015

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization NC ASSOCIATION OF ORTHODONTISTS	D Employer identification number 56-0985164
Number and street (or P O box, if mail is not delivered to street address) 2300 WAYNE MEMORIAL DRIVE STE C	E Telephone number (919) 735-5999
City or town, state or province, country, and ZIP or foreign postal code GOLDSBORO, NC 27534	F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ► _____H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)I Website: ► WWWNCAO.ORGJ Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (Insert no.) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 45,975

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	10,930
	2 Program service revenue including government fees and contracts	2	20,000
	3 Membership dues and assessments	3	14,930
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	115
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	45,975
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	500
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	816
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	40,221
	17 Total expenses. Add lines 10 through 16 ►	17	41,537
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,438
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	75,341
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	79,779

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	75,341	22	79,779
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	75,341	25	79,779
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	75,341	27	79,779

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO EDUCATE, INFORM AND PROVIDE LEADERSHIP FOR MEMBERS AND TO PROMOTE THE DELIVERY OF QUALITY ORTHODONTIC TREATMENT TO THE RESIDENTS OF NORTH CAROLINA

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 PROVIDED EDUCATIONAL PROGRAMS FOR ORTHODONTISTS AND EDUCATIONAL MATERIALS TO CONSUMERS (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	<input checked="" type="checkbox"/>	28a	14,659
29 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	<input checked="" type="checkbox"/>	29a	
30 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	<input checked="" type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	<input checked="" type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		<input checked="" type="checkbox"/>	32	14,659

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DR ERNEST J GOODSON PRESIDENT	1 00	0	0	0
DR TODD S BOVENIZER PRESIDENT ELECT	1 00	0	0	0
DR CYNTHIA S WILEY SECRETARY-TREASURER	1 00	0	0	0
DR GAVIN HEYMANN SENIOR DIRECTOR	1 00	0	0	0
DR JASON HERRING MIDDLE DIRECTOR	1 00	0	0	0
DR MATT OLNSTED JUNIOR DIRECTOR	1 00	0	0	0
DR JEFF RICKABAUGH IMMEDIATE PAST PRESIDENT	1 00	0	0	0
DR RICK ALSTON SAO DIRECTOR	1 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		No
41		
42a	Telephone no (919) 735-5999	
	Located at 2300 WAYNE MEMORIAL DRIVE STE C GOLDSBORO, NC	ZIP + 4 27534
42b		No
42c		No
43	43	
44a		No
44b		No
44c		No
44d		
45a		No
45b		

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0

b Did the organization file **Form 1120-POL** for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b**

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 **39a**

b Gross receipts, included on line 9, for public use of club facilities **39b**

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 **40a**, section 4912 **40a**, section 4955 **40a**

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I **40b**

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40c**

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization **40d**

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e**

41 List the states with which a copy of this return is filed **41**

42a The organization's books are in care of DR CYNTHIA S WILEY Telephone no (919) 735-5999
Located at 2300 WAYNE MEMORIAL DRIVE STE C GOLDSBORO, NC ZIP + 4 27534

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country **42b**

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? **42c**

If "Yes," enter the name of the foreign country **42c**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43**

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44a**

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44b**

c Did the organization receive any payments for indoor tanning services during the year? **44c**

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **44d**

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a**

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) **45b**

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here	***** Signature of officer DR CYNTHIA S WILEY SECRETARY/TREASURER Type or print name and title	2015-07-07 Date
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Paid Preparer Use Only	Print/Type preparer's name SUSAN HARRIS	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00951682
	Firm's name <input type="checkbox"/> ELLIOTT DAVIS DECOMOSO LLC PLLC	Firm's EIN <input type="checkbox"/> 57-0381582			
	Firm's address <input type="checkbox"/> 8816 RED OAK BLVD SUITE 100 CHARLOTTE, NC 28217	Phone no (704) 333-8881			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2014****Open to Public
Inspection**

Name of the organization

NC ASSOCIATION OF ORTHODONTISTS

Employer identification number

56-0985164

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION INTEREST INCOME AMOUNT 115
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME UNC-DEPARTMENT OF ORTHODONTICS GRANTEE ADDRESS PO BOX 309 CHAPEL HILL, NC 27514 GRANTEE RELATIONSHIP N/A PROPERTY DESCRIPTIO N CASH DATE OF GIFT 02/15/15 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CONFERENCE AND MEETING EXPENSES AMOUNT 37,121 DESCRIPTION WEBSITE HOSTING AMOUNT 250 DESCRIPTION DONATIONS AMOUNT 2,850 TOTAL TO FORM 990-EZ, LINE 16 40,22 1

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: NC ASSOCIATION OF ORTHODONTISTS

EIN: 56-0985164

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.