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Form 990

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 2014

∠Open to Public Inspection

A	For t	he 2014 calen	dar year, or tax year beginning Jul 1 , 2014, and ending	Jun	30	1	2015	
B	B Check if applicable: C Name of organization Oakcrest School D Employer identification number							
	\prod_{A}	ddr a ss change	Doing business as		52-1	182	755	
	N	ame change	Number and street (or P O, box if mail is not delivered to street address) Room/sui	ite	E Telepho	ne numb	er	
	H_{lr}	diiai retum	850 Balls Hill Road		(703	3) 7:	90-5450	
	H	inal return/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	H	mended return	McLean VA 22101		G Gross re	celpis :	\$ 9,205,747.	
	H	pplication pending		i(a) is this a	group return			
	Ш"	ppocour.punog	1	i(b) _{Are all s}	subordinates i ittach a list. (s	ncluded		
_	Tav	-exempt status	X 501(c)(3) 501(c) () 4947(a)(1) or 527	If 'No,' a	ittach a list. (s	ae instru	ections)	
<u>;</u>		 		lle) Group s	exemption nu	mber ►		
K		n of organization	X Corporation Trust Association Other				gal domidie VA	
		Summar		1976	, 100	1000.10	den commono. A M	
	1	Rnoffy describ		Schoo	lin	nart	nership with	
	i '		challenges girls in grades 6-12 to develop the	sir in	telled	+ c	haracter	
ည			d leadership potential to succeed in college ar					
ia E		their li		10_ 515	2 22.2			
Ş.	2	Check this bo		an 25% o	fits net as	sets.		
Activities & Governance	3	Number of vo	ting members of the governing body (Part VI, line 1a)			3	11	
ο O	4		dependent voting members of the governing body (Part VI, line 1b)			4	10	
ŧ	5		of individuals employed in calendar year 2014 (Part V, line 2a)			5	91	
ःई	6		of volunteers (estimate if necessary)			6	80	
⋖	1		ed business revenue from Part VIII, column (C), line 12			7a 7b	0.	
—	Ь	ivet unrelated	business taxable income from Form 990-T, line 34 · · · · · · · · · · · ·	·-	rior Year	/B	Current Year	
	8	Contributions	and grants (Part VIII, line 1h)		,833,1	24	1,401,305.	
ne	9		rice revenue (Part VIII, line 2g)		,122,3		4,510,221.	
Revenue	10	investment in	come (Part VIII, column (A), lines 3, 4, and 7d		199,0		550.	
ē	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 6c, 9c 10c, and 11e)	 	11,3		16,444.	
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)]	11	,165,8		5,928,520.	
	13		milar amounts paid (Part IX, column 🙉, lines) 💫 🖟 .2655 - 🍪		870,9		907,115.	
	14	Reposite naid	to or for members (Part IX, column A) line A)					
	15	Salanes, othe	er compensation, employee benefits (Part IX) column (A), lines 5-10)	2	2,776,902. 2,954,			
Ses	16#	Professional 1	fundraising fees (Part IX, column (A), line late)					
Expenses			sing expenses (Part IX, column (D), line 25) > 187,521.				3,000.	
丒	i		tes (Part IX, column (A), lines 11a-11d, 11f-24e)					
	17	•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,529,704.		1,631,215.	
	18	•	es. Add lines 13-17 (must equal Part IA, column (A), line 23)		,182,5		5,495,331.	
8.5	19	Revenue less	s expenses. Subtract line to norm line 12	+	,983,3		433, 189. End of Year	
9 5	20	Total accets	(Part X, line 16)		of Currer , 053, 3		45,114,847.	
36	11		s (Part X, line 26)		,282,8		13,904,097.	
Net As	22		fund balances. Subtract line 21 from line 20					
	1			1 30	,770,4	00.	31,210,750.	
		Signatu	TE DIOCK clare that I have examined this return, including accompanying schedules end statements, and to the best	of my know	ladaa and ba	ind It in a	nu coroni and	
com	er pena plete. C	sues of perjury, i de Declaration of prepar	rer (other than officer) is based on all information of which preparer has any knowledge.	. OI IIIY KIROW	ende sun ne	101, 11 15 L	198, CARIBCI, ARIQ	
			ANA TOTAL TO		5/	11/18	7	
Si	an	Signatu	ure of officer	Da	ite			
Sign Here Ellen Sun Type or print name and title.								
		Print/Type (preparer's name Preparer's signature Date	/.	Check	H	РПИ	
Pa	ld	('.	DERIE Scott Come Scott 5/16/	16	self-employ	ed	P01295891	
Preparer Firm's name Hozik & Company, P.L.C.								
	e O				Firm's EiN	>		
			Vienna VA 22180	·	Phone no	(70	3) 272-7109	
Ma	y the	IRS discuss th	is return with the preparer shown above? (see instructions)				. X Yes No	
=	- -						Form 000 (2014)	

	990 (2014) Oakcrest School	52-1182755	Page 2
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	Oakcrest School, in partnership with		
	parents, challenges girls in grades 6-12 to develop their intelle See Form 990, Page 2, Part III, Line 1 (continued)	ect, character,	
	See 1 of 11 930, Page 2, Part III, Line 1 (Continued)		
2	Did the organization undertake any significant program services during the year which were not listed on the p	 Drior	
	Form 990 or 990-EZ?	· · · · Yes	X No
	If 'Yes,' describe these new services on Schedule O		Ш
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?	X No
	If 'Yes,' describe these changes on Schedule O	_	_
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	is measured by expense	!S
	and revenue, if any, for each program service reported	ners, the total expenses,	,
4 a	(Code) (Expenses \$ 3,900,542. including grants of \$ 907,115.) (R	Revenue \$ 4,526	6,665.)
	Oakcrest, an independent school, educates the whole person. Insp	pired by the	
	teachings of the Catholic Church and the spirituality of Opus De	i, we weave tog	gether
	a rich liberal arts curriculum, character development, one-on-one	<u> </u>	
	advising and service to create a vibrant environment that graduat		
	young women-young women who make a difference in all they choose		
	Auxiliary and Student Support - Conduct all support activities ar	<u>ıcillary</u>	
	to the School including counseling, religious formation, college		
	preparation, field trips, and extracurricular activities.		
	Admissions/Promotion - Conduct all activities to encourage girls		
	Oakcrest_School_to_develop_their_intellect,_character,_faith_and See Form 990, Page 2, Part III, Line 4a (continued)	_readersnip	
	See Form 330, Page 2, Part III, Line 4a (Continued)		
4 b	(Code:) (Expenses \$including grants of \$) (R	evenue \$)
			
			
			
4 c	(Code) (Expenses \$including grants of \$) (R	evenue \$)
			
			
			-
4 d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
4 ^	Total program service expenses > 0.00 E43		

Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . 2 3 Х 3 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . 5 Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х 7 environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, Х 8 Х 9 10 X If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х Х 11 c Х 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D. Part X . Χ 11 e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete x 12a Х 12 b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E... 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?... 14a 14b Х Х 15 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х complete Schedule G. Part III. 19 Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20

20 b

.

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

4			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		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a	24a		Х
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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
t	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		х
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 of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
k	A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	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		Х
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		Х
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 Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	old '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		
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		х
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		х
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	

BAA

Form 990 (2014) Oakcrest School Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			٠,
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 13		,	, ,
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1	٥	* * * * *
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	. (2.) (31.685	ł,	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	x_*	ZESSAL
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		3	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	a 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)?	4 a		x
	b If 'Yes,' enter the name of the foreign country	70	ć ~	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			4833
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1.\U:		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
		36		-
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		1.5	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		**,	33,
	services provided to the payor?	7 a	Х	
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			2.3
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		<u> </u>	Thirty.
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	11	870, E	
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter	7 J.	[., .,	****
	a Initiation fees and capital contributions included on Part VIII, line 12] · * ː	· , ′	1
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b] (,	,	
11	Section 501(c)(12) organizations. Enter			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		l
	Note. See the instructions for additional information the organization must report on Schedule O			
	b Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	\\\			x
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
AA	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	990 (<u> </u> 2014)
•••	¬ I □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	I UIIII	フラリ しょ	40 I41

På	Tt'VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b belo a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O See instructions	w, an	d for	
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	ction A. Governing Body and Management	· · ·	_ •	· 1
<u> </u>	Con A. Governing Body and Management		Vac	LNa
1 a	a Enter the number of voting members of the governing body at the end of the tax year 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		Yes	No
ı	b Enter the number of voting members included in line 1a, above, who are independent 1b 10	**************************************		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<u>EFF</u>	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	<u> </u>		
	since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\frac{1}{x}$
6	Did the organization have members or stockholders?	6		$\frac{\lambda}{x}$
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	- 6		<u> </u>
7 6	members of the governing body?	7.		l v
		7 a		X
t	hare any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b	22 4	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8 a	X	L
t	b Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.	,
			Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		<u> </u>
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	3 h. r	18. 18.	1
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	*****
	Were officers, directors, or trustees, and key employees required to conflicts?	12 b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	X	\vdash
14	Did the organization have a written document retention and destruction policy?			
		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ر آر آر اگلس . الأو
	a The organization's CEO, Executive Director, or top management official	15 a	Х	<u> </u>
t	Other officers or key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	5 47	, T	: 🐒
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	<u>-</u> -	X
t	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	·.}	
Sec	tion C. Disclosure	.00		
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	 ıvaılab	– – – le	
	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 financial statements available the public during the tax year	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	-1 · · · · · · · · · · · · · · · · ·)3) -	790-	5450

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
				(C)							
(A) Name and Title	(B) Average hours per	1:	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	l wook	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
_(1)_Othon_WiltzPresident		х		Х				0.	0.	0.	
(2) Shaun Pacious Vice-President	2.00	х		Х				0.	0.	0.	
(3) Geoffrey Martiny Secretary	2.00	х		х				0.	0.	0.	
(4) John Pluta Treasurer	2.00	х		х				0.	0.	0.	
(5) Amy Spence Director	2.00	х						0.	0.	0.	
(6) Miriam Buono Director	2.00	х						0.	0.	0.	
(7) Ellen Cavanagh Director	2.00	х						0.	0.	0.	
(8) Paul Kuzma Director	2.00	х						0.	0.	0.	
(9) Paul Waddelove Director	2.00	х						0.	0.	0.	
(10) Moira Walsh Director	2.00	х						0.	0.	0.	
(11) Mary Ortiz Ex-Officio	40.00	х						89,642.	0.	3,093.	
(12) Matthew Buonocore	40.00					х		140,597.	0.	3,093.	
(13)										-,	
(14)											
RAA	TEFAN	107 (12/27/	14		<u>, , , , , , , , , , , , , , , , , , , </u>				Form 990 (2014)	

Part, VII Section A. Officers, Directors, Tri	1	rey	EII			es,	an	a Hignest Con	npensated En	iployees (continued)
(A) Name and title	Average hours per week (list any hours for each officer and a director/trustee) where the control of the contro		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization					
	for related organiza - tions below dotted line)	or director	nstitutional trustee	cer	Key employee	Highest compensated employee	ner			and related and related organizations
<u>(15)</u>		ļ.—								-
(16)										
(17)										
(18)	-									
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total			-	• •			►	230,239.	0	. 6,186.
d Total (add lines 1b and 1c)							-	230,239.	0	
2 Total number of individuals (including but not limited from the organization ► 1	I to those I	isted	abo	ve)	who	rece	ive	d more than \$100,0	000 of reportable o	compensation
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in			em _l	ploy	ee, (or hig	hes	st compensated em	nployee	Yes No
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual										4 X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' co	ompensati omplete S	on fro	om a ule s	iny ι <i>I for</i>	unre suc	lated h per	org son	anization or individ	lual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensations.								·	00 000 -5	
compensation from the organization Report compe	nsation for	the	cale	ndar	yea	r end	rece	with or within the	organization's tax	year
(A) Name and business addre	ess							(B) Description o	f services	(C) Compensation
Whitener & Jackson 8592 Virginia Meadows Drive I				VA		010	_	General Con		989,396.
Finley Asphalt & Sealing 7861 David Williams Way 1 Urban, Ltd. 7700 Little River Turnpike, #505				VA VA		200		General Cor Engineers	ntracting	135,600. 160,473.
Total number of independent contractors (including	but not lim	ited t	o th	ose	liste	d abo	ove)	who received moi	re than	
\$100,000 of compensation from the organization	<u>► 3</u>									

Form 990 (2014) Oakcrest School Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any lir	e in this Part VIII			
, %		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ants	1a Federated campaigns 1a b Membership dues 1b	*	revenue		512-514
ع ق	_ , ' ,	* **	* * * * * * * * * * * * * * * * * * * *	*>*	, ,
fts, Ar	113,203		* /	1	
필		· ·	is.		
ns, Sim	e Government grants (contributions)	*	11.		
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above . 1f 1,288,102	*, *, * *			
nd C	g Noncash contributions included in lines 1a-1(\$ 131,220	****			
<u>8</u>	h Total. Add lines 1a-1f	1,401,305.	* < \$ ****		***
<u>ا</u> ھ	Business Code	المتدانكا			
₹ 34	2a <u>Tuition</u> 611110	4,428,709	4,428,709.	0.	0.
æ	b School fees 611110	22,335.	22,335.	0.	0.
<u> </u>	c Transportation 611110	47,629.	47,629.	0.	0.
Program Service Revenue	d Summer school 611110	11,548.	11,548.	0.	0.
Ë	e				
gre	f All other program service revenue				
Pro	g Total. Add lines 2a-2f	4,510,221.	. \$ % . \$ % &	1 4.7 × 6 & 1	*** * * * * * * * * * * * * * * * * * *
	3 Investment income (including dividends, interest and		5	***	
	other similar amounts)	138,434.	0.	0.	138,434.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(ı) Real (ıı) Personal	. § *	*		
	6a Gross rents	¥.			assista i e i ali
	b Less rental expenses				
	c Rental income or (loss)	12-11 i			
	d Net rental income or (loss)	Mariana A. Marian			
	(i) Securities (ii) Other	8 7 8 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	888888 XX (*	
	7 a Gross amount from sales of assets other than inventory 3,099,555.			, , , ,	
	3,70,37,333.	4 3 %		*	
	b Less cost or other basis and sales expenses		ş	**	
	c Gain or (loss)			<u> </u>	
		-137,884.	0.	0.	-137,884.
re	8 a Gross income from fundraising events		****	14 - 13%	
venue	(not including. \$ 113,203. of contributions reported on line 1c)	•			
	2 7				, i
r F	See Part IV, line 18				* , 3
Other Re	b Less direct expenses . b 39,788.			·	
Ò	c Net income or (loss) from fundraising events ▶	0.		0.	0.
	9 a Gross income from gaming activities See Part IV, line 19 a	;			1.00
	b Less direct expenses b				
	c Net income or (loss) from gaming activities	-			
	, , , , , , , , , , , , , , , , , , , ,				
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code		:		
	11a Other school income 611110	16,444.	16,444.	0.	0.
	P Octres 2011001 11100116 10111110	TO'444.	10,444.	0,.	<u> </u>
	~ 				
	d All other revenue				
					1
	e Total. Add lines 11a-11d	16,444.			
	12 Total revenue. See instructions	5,928,520.	4,526,665.	0.	550.

Form 990 (2014) Oakcrest School Part IX | Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns All o		complete column (A)					
	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	907,115.	907,115.		,				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				\$				
4	Benefits paid to or for members				. a a si si fa a a a a a a				
5	trustees, and key employees	103,329.	0	103,329.	0.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	2,564,623.	1,829,191.	635,135.	100,297.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,500.	1,716.	690	94.				
9	Other employee benefits	89,022.	63,229.	22,326.	3,467.				
10	Payroll taxes	194,527.	133,526.	53,680.	7,321.				
11	Fees for services (non-employees)								
a	Management								
	Legal	1,262.	0.	1,262.	0.				
(: Accounting								
-	Lobbying			A					
	Professional fundraising services See Part IV, line 17.	3,000.	, × , × ,		3,000.				
	Investment management fees	· · · · · · · · · · · · · · · · · · ·							
9	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	75,871.	0.	41,845.	34,026.				
12	Advertising and promotion	25,170.	17,277.	6,946.	947.				
13	Office expenses	138,990.	95,406.	38,354.	5,230.				
14	Information technology	45,617.	31,312.	12,588.	1,717.				
15	Royalties								
16	Occupancy	139,626.	95,841.	38,530.	5,255.				
17	Travel	534.	0.	534.	0.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	4- 5							
	Conferences, conventions, and meetings	20,644.	20,644.	0.	0.				
20	Interest	276,204.	0.	276,204.	0.				
21	Payments to affiliates	202 755	0.65 -55						
22 23	Depreciation, depletion, and amortization	382,566. 38,706.	262,598.	105,569.	14,399.				
24	Other expenses Itemize expenses not		26,568.	10,681.	1,457.				
	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
a	Maintenance	197.747.	135,736.	54.568.	7,443.				
	Instruction	153,902.	153,902	0.	0.				
	Student activities	114.898.	114.898.	0.	0.				
	School expenses	19,478.	11,583.	5,027.	2,868.				
	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	5,495,331.	3,900,542.	1,407,268.	187,521.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)								
BAA		TEL 10110 0510			Form 990 (2014)				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	1,497,154.	1	2,377,758.
	2	Savings and temporary cash investments	2,014,543.	2	5,808,135.
	3	Pledges and grants receivable, net	6,363,248.	3	3,089,540.
	4	Accounts receivable, net	319,147.	4	351,278.
	5	Loans and other receivables from current and former officers, directors,	748.00 A.A.		* 3 4 4
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		عتت	المعتقلات المتعدد
				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net		7	
Assets	. 8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1,022,548.	9	835,383.
		1 1	1,022,510.	. 3 1 7	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	r s	ì	
	h	Less accumulated depreciation	26,671,720.	10 c	30,119,230.
	11	Investments – publicly traded securities	4,188,585.	11	1,544,838.
	12	Investments – other securities See Part IV, line 11	976,404.	12	988,685.
	13	Investments – program-related See Part IV, line 11	370,101.	13	300,003.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	43,053,349.	16	45,114,847.
\neg	17	Accounts payable and accrued expenses	327,518.	17	1,390,133.
	18	Grants payable	327,310.	18	1,350,135.
	19	Deferred revenue	939,517.	19	1,456,168.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
-1	23	Secured mortgages and notes payable to unrelated third parties	11,014,828.	23	11,057,796.
	24	Unsecured notes and loans payable to unrelated third parties	11/011/0201	24	2270377730.
	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.	1,000.	25	
$_{\perp}$	26	Total liabilities. Add lines 17 through 25	12,282,863.	26	13,904,097.
,		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete		· : 12	
Ses		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	22,078,696.	27	27,525,260.
3a	28	Temporarily restricted net assets	8,691,790.	28	3,685,490.
힏	29	Permanently restricted net assets		29	
or Fund Balar		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances.	30,770,486.	33	31,210,750.
	34	Total liabilities and net assets/fund balances	43,053,349.	34	45,114,847.
BA	Α				Form 990 (2014)

Forn	m 990 (2014) Oakcrest School	52-11	82755		Page 12
Pa	rt XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI				\square
1	Total revenue (must equal Part VIII, column (A), line 12)		1	5,928	3,520.
2	Total expenses (must equal Part IX, column (A), line 25)	- Г	2	5,495	5,331.
3	Revenue less expenses Subtract line 2 from line 1		3	433	3,189.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	30,770	0,486.
5	Net unrealized gains (losses) on investments		5		3,162.
6	Donated services and use of facilities		6		•
7	Investment expenses		7	-21	.,087.
8	Prior period adjustments		8		
9	Other changes in net assets or fund balances (explain in Schedule O)		9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	. 1	0	31,210	750.
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
				Y	es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			-	7 1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			,	
	in Schedule O				
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	x
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			F. ~ 3 · 8
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	b Were the organization's financial statements audited by an independent accountant?	•		2 b	х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				6.4
	basis, consolidated basis, or both			l , ŀ.	
	X Separate basis Consolidated basis Both consolidated and separate basis				للاقتاب
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt,		2 c	x
	If the organization changed either its oversight process or selection process during the tax year, explain		• • • •	# 10 X	^
	in Schedule O		:		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle			
	Audit Act and OMB Circular A-133?			3 a	<u> </u>
t	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	• • •	3 b	
BAA	A Company of the Comp			Form 99	0 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014
Open to Publication Section Secti

OMB No 1545-Q047

Name of the organization

Total

Employer identification number

		School					J52-1182/5				
Par	t 🎼 R	eason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art) See instruction	ns			
The o	organiza	ition is not a private foundati	ion because it is (For I	ines 1 through 11, check	only on	e box)					
1	ПА	church, convention of church	nes, or association of c	hurches described in se	ction 17	O(b)(1)(A)(i).				
2	XAS	X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Ar	medical research organization	on operated in conjunc	tion with a hospital desci	ribed in s	section	170(b)(1)(A)(iii) Enter ti	ne hospital's			
	nai	me, city, and state									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6	Af	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		organization that normally resction 170(b)(1)(A)(vi). (C		part of its support from a	governn	nental ur	nit or from the general pu	ublic described			
8	∐ A d	community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II)							
9	☐ fro	organization that normally r im activities related to its exe restment income and unrelat ne 30, 1975 See section 50	empt functions — subje ted business taxable in	ect to certain exceptions, acome (less section 511	and (2)	no more	than 33-1/3% of its supp	port from gross			
10	An	organization organized and	operated exclusively t	to test for public safety S	See sec t	ion 509	(a)(4).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g										
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.										
b	⊔ ma	pe II. A supporting organiza anagement of the supporting ust complete Part IV, Secti	organization vested in	trolled in connection with the same persons that	its supp control c	orted or or manag	ganization(s), by having le the supported organiz	control or ation(s) You			
С	Ty	pe III functionally integrate ganization(s) (see instruction	ed. A supporting organis) You must comple	nization operated in conn te Part IV, Sections A,	ection w D, and E	rith, and E.	functionally integrated w	nth, its supported			
d	fun	pe III non-functionally intentionally intentionally integrated. The orgetructions) You must comp	anızatıon generally mu	ust satisfy a distribution i	connect equirem	on with i	its supported organization attentiveness require	n(s) that is not ment (see			
е		eck this box if the organizati			RS that is	в а Туре	I, Type II, Type III functi	onally			
f	Enter t	the number of supported org	ganizations								
g	Provid	le the following information a	about the supported or	ganızatıon(s)							
		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is organizati in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)					L :						
											
(B)											
(C)											
(D)											
(E)											
						4.3					

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

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)

Sec	Section A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						_		
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3 .								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,							
6	Public support. Subtract line 5 from line 4	,		* ,					
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year nning 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 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	_ ^	i kara						
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12			
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here			tax year as a sect		. ,,▶∏		
Sec	tion C. Computation of Pu	blic Support P	ercentage						
14	Public support percentage for 201	• •	•	, column (f))		14	%		
15	Public support percentage from 20	013 Schedule A, Pa	art II, line 14			15	%_		
16 a	33-1/3% support test — 2014. If and stop here. The organization of	the organization di qualifies as a public	d not check the bo ly supported orgai	x on line 13, and th		% or more, check t			
b	33-1/3% support test — 2013. If the and stop here. The organization of				nd line 15 is 33-1/3	3% or more, check	this box		
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	st, check this box a	nd stop here. Exp	lain in Part VI how			
b	• 10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and-	circumstances' tes	st, check this box a	nd stop here. Exp	lain in Part VI how	10% the ►		
18	Private foundation. If the organiz						ns -		

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) Section A. Public Support (c) 2012 Calendar year (or fiscal yr beginning in) (a) 2010 (b) 2011 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants '). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on facilities furnished by a governmental unit to the organization without charge. Total, Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . c Add lines 7a and 7b . Public support (Subtract line · ½ . 400 7c from line 6) Section B. Total Support (c) 2012 (d) 2013 (b) 2011 (e) 2014 (f) Total (a) 2010 Calendar year (or fiscal yr beginning in) Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from sımılar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . Total support. (Add lines 9, 10c, 11 and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2013 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2013 Schedule A, Part III, line 17 . . . 왕 19a 33-1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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)

Sec	tion A. All Supporting Organizations			
			Yes	No
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	, 3, 2m	ŝ	
_	the designation If historic and continuing relationship, explain	1	-	ź.
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)	. 2	- 3	
2.	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	- -	. ¿% !	Š
3.	and (c) below	3a		- N
ŀ	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	3b		
(c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	· · 3c		
4 a	a 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	4a		
ŀ	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	41-	رِيْرُ رُدِّ مساسما	2. 7
	or supervised by or in connection with its supported organizations	4b	-	
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	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
t	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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ.,,
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	6	=	äİ
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 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
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)	8		********
9 a	a 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	· · · 9a		,
ŧ	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			
10 a	a 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	. 10a		
t	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)	· 7:		- 3

				 -
Pa	rt IV Supporting Organizations (continued)		I.,	
11	Has the organization accepted a gift or contribution from any of the following persons?	*** × 8	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	× .	
		11b		
	o A family member of a person described in (a) above?			
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations		I	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	. 1	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	tion 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Ž.,	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax 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?	. 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	. 2	Ä.	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3	Sen.	
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 instruction	ns):		
ć	The organization satisfied the Activities Test Complete line 2 below			
ı	The organization is the parent of each of its supported organizations. Complete line 3 below			
(E The organization supported a governmental entity Describe in Part VI how you supported a government entity (see insi	tructions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
ć	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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	. 2a		
ł	Dold the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	. 2b	45,1	
3	Parent of Supported Organizations Answer (a) and (b) below.		~.	
á	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	· 3a		i
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes' describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>aniz</u> a	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec			ctions. All
Sec	ction 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	Other expenses (see instructions)	7		·
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion 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)			
	Average monthly value of securities	1a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		n b 40
	d Total (add lines 1a, 1b, and 1c).	1 d		-
•	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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	40740 0 1 12 11 13 13 13 13 13 13 13 13 13 13 13 13	
2	Enter 85% of line 1	2		· · · · · · · · · · · · · · · · · · ·
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	2019年1月16日	
4	Enter greater of line 2 or line 3	4	· ` ` * * * * * * * * * * * * * * * * *	
5	Income tax imposed in prior year	5	1,27 % 12.7 x 12.1	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions)	d Typ	e III supporting organization	n

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part	V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizat	tions (continued)	
Sect	on D — Distributions			Current Year .
1	Amounts paid to supported organizations to accomplish exempt purpos	_		
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6	· · · · · · · · · · · · · · · · · · ·		
	Distributions to attentive supported organizations to which the organization Part VI) See instructions	tion is responsive (provide	e details	
9	Distributable amount for 2014 from Section C, line 6		<u></u>	
10	Line 8 amount divided by Line 9 amount			
Sect	ion E — Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		\$. \$\\ · · · · · · · · · · · · · · · · ·	
	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)	, , ,		
3	Excess distributions carryover, if any, to 2014	, , *	* K.; 1. #1	. *
а	**************************************	li i v v "inite		
b		Til variabiletiki	À 1:	
C				,
d	and the state of t			
е	From 2013	· · · · · · · · · · · · · · · · · · ·		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	·		
h	Applied to 2014 distributable amount		olio a skilani v na sa	
i	Carryover from 2009 not applied (see instructions)			* '. ,, , ,, (
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2014 from Section D, line 7 \$	* * \$		
а	Applied to underdistributions of prior years	b		
b	Applied to 2014 distributable amount	المستشفية بمستميد بالمسائد	W MN 3-0075. A A SHA A A A SHA A A A A SHA W Y Y Y A	
С	Remainder Subtract lines 4a and 4b from 4		* · ·	
	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 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
а				
b				
С		-		
d	Excess from 2013			
е	Excess from 2014			
BAA	 		Schedule A (For	m 990 or 990-EZ) 2014

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements**

Complete if the organization answered 'Yes,' to Form 990,
 Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2014



Name of the organization Employer identification numbe Oakcrest School 52-1182755 Part M 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 . . 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? Yes No 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 impermissible private benefit? . Part ii禮 Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 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 2 a **b** Total acreage restricted by conservation easements . . . 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ► 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? . . . No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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) and section 170(h)(4)(B)(ii)? . . No 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 Partille Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8 1 a 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 b Assets included in Form 990, Part X

Out and the D (Figure 000) 2044			50.11	Dogs (
Schedule D (Form 990) 2014 Oakcrest Sci Part III Organizations Maintaining Co		orical Treasures of	52-118			
Using the organization's acquisition, accession			<u> </u>			
items (check all that apply)			v			
a Public exhibition	d Loan	or exchange programs				
b Scholarly research	e [] Other	ſ				
c Preservation for future generations						
4 Provide a description of the organization's coll Part XIII	lections and explain how th	ey further the organization	on's exempt purpose in			
5 During the year, did the organization solicit or to be sold to raise funds rather than to be mail	ntained as part of the orgar	nization's collection?		Yes No		
Part IV Escrow and Custodial Arrang- line 9, or reported an amount on	<mark>ements.</mark> Complete if t i Form 990, Part X, lin	the organization ans le 21	swered 'Yes' to Form	i 990, Part IV,		
1 a is the organization an agent, trustee, custodia	n, or other intermediary for	contributions or other as	sets not included			
on Form 990, Part X? Part XIII or				∐ Yes ∐No		
b If 'Yes,' explain the arrangement in Part XIII at	na complete the following to	avie		Amount		
			4-	Amount		
c Beginning balance			 			
d Additions during the year			. 1 d			
e Distributions during the year						
f Ending balance			<u> 1f </u>	 		
2 a Did the organization include an amount on Fo	rm 990, Part X, line 21, for	escrow or custodial acco	unt liability?	Yes No		
b If 'Yes,' explain the arrangement in Part XIII C	Check here if the explanation	n has been provided in F	Part XIII			
Dait Will Endoument Funda Complete	of the example tion one	wored 'Vee' to Form	- 000 Port IV line 1	<u></u>		
Part V Endowment Funds. Complete						
(a) Curre	ent year (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four years back		
1 a Beginning of year balance						
b Contributions		<u>_</u>				
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the curre	nt year end balance (line 1	g, column (a)) held as				
a Board designated or quasi-endowment	%					
b Permanent endowment ►	%					
c Temporarily restricted endowment	- %					
The percentages in lines 2a, 2b, and 2c should	d equal 100%					
3 a Are there endowment funds not in the possess organization by	sion of the organization tha	t are held and administer	ed for the	Yes No		
(i, dimension organizations				. 3a(i)		
(ii) related organizations				· 3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?						
4 Describe in Part XIII the intended uses of the	organization's endowment t	funds				
Part VI Land, Buildings, and Equipme		000 Port IV line 11	a Saa Farm 000 D	art V. line 10		
Complete if the organization ans	 ,	T		, , , , , , , , , , , , , , , , , , , 		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1 a Land	· · <u> </u>	19,711,857.	19.47.50	19,711,857.		
b Buildings	·	13,524,489.	4,675,499.	8,848,990.		
c Leasehold improvements						

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) . BAA

30,119,230. Schedule D (Form 990) 2014

87,437.

1,470,946.

977,004

98,306.

1,064,441

1,569,252

(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			-
(2) Closely-held equity interests			· · · · · · · · · · · · · · · · · · ·
(3) Other			
(A) Duke Energy Premier Note	988,685.	FMV	
(B)	•		
(C)	-		
(D)	··· ·		
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) . ▶	988,685.	- V- 4.2.18 * V1	4.434.
Part VIII Investments – Program Related. Complete if the organization answered 'Y	'es' to Form 990 F	Part IV line 11c See Form 990 F	Part X line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end	
(2)			
(3)			······································
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶			
Part IX Other Assets. Complete if the organization answered 'Y	es' to Form 990 F	Part IV line 11d See Form 990 I	Part X June 15
(a) Desc		artiv, mic tia occi omi soo, i	(b) Book value
_ (1)			
(2)			
(3)			
(4)			
(5)			· · · · · · · · · · · · · · · · · · ·
		<u> </u>	
(8)			
(9)			
(10)	·	-4	
Total. (Column (b) must equal Form 990, Part X, column (B), lin	ne 15)		
			·
Part X. Other Liabilities.	<u>. </u>		
Complete if the organization answered 'Yes' to For	m 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25	No. 1866. St. 1887 (1886 187 18 2 19
Complete if the organization answered 'Yes' to For (a) Description of liability	<u>. </u>	e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes	m 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered 'Yes' to For (a) Description of liability	m 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2)	m 990, Part IV, line 11	le or 11f. See Form 990, Part X, line 25	
Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) (3)	m 990, Part IV, line 11	le or 11f. See Form 990, Part X, line 25	
Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) (3) (4)	m 990, Part IV, line 11	le or 11f. See Form 990, Part X, line 25	
Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	m 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	m 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	m 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	m 990, Part IV, line 11	le or 11f. See Form 990, Part X, line 25	
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Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	rm 990, Part IV, line 11 (b) Book value		
Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	rm 990, Part IV, line 11 (b) Book value	ncial statements that reports the organization's lia	· -

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	2733
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a		,
Total revenue, gains, and other support per audited financial statements	1	5,089,355.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	, '	_ , ,
a Net unrealized gains (losses) on investments	åh.:	
b Donated services and use of facilities	- 3.34	
c Recoveries of prior year grants	1 1	
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	-878,953.
3 Subtract line 2e from line 1	. 3	5,968,308.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	4 X	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	-39,788.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,928,520.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	'n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a		
1 Total expenses and losses per audited financial statements	1	4,628,004.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	9	
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	39,788.
3 Subtract line 2e from line 1	. 3	4,588,216.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4.1	
b Other (Describe in Part XIII)	A chi	
C Add lines 4a and 4b	. 4 c	907,115.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	5,495,331.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Pt XI, Line 2d Financial and expenses
Pt XI, Line 4b special event expenses
Pt XII, Line 2d special event expenses
Pt XII, Line 4b Financial and expenses

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Oakcrest School

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

Inspection Employer identification number

52-1182755

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization produced its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If Yes, please describe If No. please explain If you need more space, use Part II Newspaper_ad_in_the_Washington_Post_ 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4 Does the organization maintain the following? 4 Does the organization maintain the following? 4 Does the organization descrimination between the state of t	Pa	et l				
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g Athletic programs? h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain If you need more space, use Part II 6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 a Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If	e	e Educational policies?	.	5 e		x
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II 6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 a Does the organization's right to such aid ever been revoked or suspended? 6 b X If you answered 'Yes' to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If	f	Use of facilities?		5 f		х
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain If you need more space, use Part II 6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 a Does the organization's right to such aid ever been revoked or suspended? 6 b X If you answered 'Yes' to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If	ç	g Athletic programs?		5 g		l _x
If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II 6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 a			ı			
6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 a	ŀ		· ·	5 h		Х
6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 a X b Has the organization's right to such aid ever been revoked or suspended?		If you answered 'Yes' to any of the above, please explain If you need more space, use Part II		13.6×		· 🐉 🖟
6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 a X b Has the organization's right to such aid ever been revoked or suspended?				34.5	() () () () () () () () () ()	, i
b Has the organization's right to such aid ever been revoked or suspended?					300	Ţ. I
b Has the organization's right to such aid ever been revoked or suspended?				3.3		36.00
b Has the organization's right to such aid ever been revoked or suspended?	6 2	2 Does the organization receive any financial aid or assistance from a governmental agency?		6 3	ئىدىنىڭىدا ئىدىدىدا	٤
If you answered 'Yes' to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If			•			
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If			•	3.0	-,	<u> </u>
4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If	7			īn-,-	**	` , ,
		4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If		<u> </u>	¥Y	

Schedule E (Form 990 or 990-EZ) (2014) Oakcrest School 52-1182755

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Line 3

Newspaper ad in the Washington Post.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2014

Open to Public Employer identification number

Oakcrest School					52-118275	5
Part Form 990-EZ filers are not requ	lete if the organ	ization ans e this part	swered Yes	s' to Form 990, Part IV, I	ine 17	
1 Indicate whether the organization ra			the followin	g activities. Check all the	at apply	
a Mail solicitations		·	е	Solicitation of non-g		
b Internet and email solicitations			f	Solicitation of gover	•	
c Phone solicitations			g	Special fundraising	-	
d In-person solicitations			9			
_	or aral aaraama	nt with any	undundund.	(unaluduna officera, durect	ara truataga ar kau	
2 a Did the organization have a written of employees listed in Form 990, Part V	VII) or entity in c	onnection	with profes	sional fundraising servic	es?	Yes No
b If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	riduals or entities organization	s (fundrais	ers) pursua	int to agreements under	which the fundraiser is to	o be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	undraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
<u>-</u>		Yes	No		Column (i)	
1						
	ļ					
2						
3						
4						
5						
6					,, ,	
7						
8						
9						
10						
	L	1	<u>'</u>			
Total	<u> </u>	<u></u>	▶		L	<u> </u>
List all states in which the organization or licensing	on is registered	or licensed	d to solicit o	contributions or has beer	notified it is exempt froi	m registration
		_				
	_					
	_		. – – – -			
			. – – – –			
			. – – – -			
				- 		
						.
						
	-				<u></u>	
==						

	t Îl-	Fundraising Events. Complete if the more than \$15,000 of fundraising events events with gross receipts greater.	ne organization ans vent contributions a	wered 'Yes' to Form and gross income or	990, Part IV, line Form 990-EZ, line	18, or reported
R			(a) Event #1 Gala and Auction (event type)	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	152,991.			152,991.
Ë	2	Less Contributions	113,203.	·		113,203.
	3	Gross income (line 1 minus line 2)	39,788.	! 		39,788.
	4	Cash prizes				
D	5	Noncash prizes				
DIRECT	6	Rent/facility costs	3,123.	·		3,123.
	7	Food and beverages	29,458.			29,458.
X P E	8	Entertainment				
EXPERSES	9	Other direct expenses	7,207.			7,207.
S		Direct expense summary Add lines 4 throug Net income summary Subtract line 10 from	. ,			39,788.
Par	t(III)	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	on answered 'Yes'	to Form 990, Part IV	, line 19, or reporte	
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ē	1	Gross revenue				
_ E	2	Cash prizes				
D P E N S E S T S	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary Add lines 2 through	gh 5 in column (d)			
	8	Net gaming income summary Subtract line	7 from line 1, column (d)		
	Is the	r the state(s) in which the organization conduct organization licensed to conduct gaming act, explain		states?		· Yes No
		e any of the organization's gaming licenses rees,' explain	evoked, suspended or te	erminated during the tax	year?	· Yes No

Sche	edule G (Form 990 or 990-EZ) 2014 Oakcrest School	52-118	2755	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed t administer charitable gaming?	. .	Yes	No
12	Indicate the percentage of gaming activity conducted in	1 1		
	Indicate the percentage of gaming activity conducted in i The organization's facility	120		o,
	o An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco			
14	ciner the name and address of the person who prepares the organizations gaming/special events books and reco	лus		
	Name •			-
	Address •			·
15 a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?		. Tyes	□No
	of Yes, enter the amount of gaming revenue received by the organization			٠
-	of gaming revenue retained by the third party \$			
С	: If 'Yes,' enter name and address of the third party			
	, , , , , , , , , , , , , , , , , , ,			
	Name •		•	
				<u>-</u>
	Address •			, ,
16	Gaming manager information			
	Name •	- 		
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	e	Yes	∏No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the	_	
	organization's own exempt activities during the tax year 🏄 💲			
Pär	Supplemental Information. Provide the explanations required by Part I, line 2b, coluand Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a information (see instructions)	mns (iII) dditiona	and (v), I	

SCHEDULEI		Grants and	Other Assistanc	Grants and Other Assistance to Organizations	s,		OMB No 1545-0047
(Form 990)		Governments Complete if the organ	ization answered 'Yes' to	Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22	ates I or 22.	1	2014
Department of the Treasury Internal Revenue Service	n In	ormation about Schedu	F Attacn to Form le I (Form 990) and its in	 Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 	pov/form990.	, 35	Open to Public Inspection
Name of the organization						Employer identification number スクー1180755	ation number ೧
Part General Infor	General Information on Grants and Assistance	Assistance				1	1
1 Does the organization the selection criteria us 2 Describe in Part IV the	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ite the amount of the gra istance? monitoring the use of gr	nts or assistance, the grain or a sistence, the grain or a sistence or ant funds in the United St.	of the grants or assistance, the grantees' eligibility for the grants or assistance, and it is a construction of grant funds in the United States	s or assistance, and		X Yes No
Part II Grants and O Form 990, Par	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answer Form 990, Part IV, line 21 for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	mestic Organizatio	ns and Domestic G	anizations and Domestic Governments. Complete if the organization answered 'Yes' to ceived more than \$5,000. Part II can be duplicated if additional space is needed	ite if the organization if additional space	on answered 'Ye. Is needed	s to
1 (a) Name and address of organization or government	f organization (b) EIN	N (c) IRC section if applicable	n (d) Amount of cash grant	nt (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
[2]							
	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!						
(3)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
[4]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
<u>(7)</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
[8]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ent organizations listed i	n the line 1 table			A	
3 Enter total number of c	Enter total number of other organizations listed in the line 1 table.	line 1 table				*:	
BAA For Paperwork Redu	BAA For Paperwork Reduction Act Notice, see the Instructions for I	tructions for Form 990.		TEEA3901 06/19/14	06/19/14	Schedu	Schedule I (Form 990) (2014)
							,

Schedule I (Form 990) (2014) Oakcrest School

Partill 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.

(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
1 Tuition assistance	81	. 0	852,115. FMV	FMV	Tuition reduction
2 Scholarship - VERITAS award	8	0.	55,000. FMV	FMV	Scholarship
3					
4					
9					
9					
7					
Part IV 🕏 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ide the information r	equired in Part I, III	ne 2, Part III, colum	n (b), and any other ad	ditional information

SCHEDULE M (Form 990)

Noncash Contributions

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

2014

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

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

Open To Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number 52-1182755 Oakcrest School .Part I │Types of Property (a) (b) (c) (d) Method of determining Check if Number of Noncash contribution applicable contributions or amounts reported noncash contribution amounts items contributed on Form 990, Part VIII, line 1g Art - Works of art . . . Art — Historical treasures Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 7 Intellectual property. . . 8 Securities - Publicly traded 9 Х 144,622 **FMV** Securities - Closely held stock 10 Securities — Partnership, LLC, or trust interests Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other. . Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other . . . 17 18 Collectibles Food inventory 19 Drugs and medical supplies . . 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 (Yamaha C-3 Model Piano) · 16,500 26 27 Other ▶ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30 a Х b If 'Yes,' describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . 32 a Х b If 'Yes,' describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014) Oakcrest School 52-1182755 P

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also complete this part for any additional information

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	at www.ns.gov/formsoo.	_ %1 % % % % % % % % % % % % % % % % % %
Name of the organization		Employer identification number
Oakcrest School		52-1182755
Pt VI, Line 11b	The Form 990 is reviewed by the Board of Direct with the IRS.	ors before it is filed
Pt VI, Line 12c	The Board of Directors reviews the conflict of	interest policy annually.
Pt VI, Line 15a	The Board of Directors approves the Head of Sch part of preparing the School's annual budget. reviews compensation from other organizations t and mission to Oakcrest School.	The Board of Directors
Pt VI, Line 19	Oakcrest School makes its governing documents, policy and financial statements available to the request.	
Pt VI, Line 18	Oakcrest School makes its Form 1023 and Form 99 request.	0 available upon written

TEEA4901 08/18/14