| Form <b>990</b> |
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Department of the Treasury

For the 2014 colordor year

Internal Revenue Service

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## 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. or toy yoor beginning and anding



| АГ                             | or un               | and and and and and                                                                                                                                                                                             | renuing                                                     | -                        |                             |  |  |  |  |
|--------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------|-----------------------------|--|--|--|--|
| B C                            | heck if<br>oplicabl | e: C Name of organization                                                                                                                                                                                       |                                                             | D Employer identifie     | cation number               |  |  |  |  |
| X                              | Addre               | THE WALKING CLASSROOM INSTITUTE                                                                                                                                                                                 |                                                             |                          |                             |  |  |  |  |
|                                | Name<br>Chang       | Doing business as                                                                                                                                                                                               | 27-4                                                        | 477692                   |                             |  |  |  |  |
|                                | Initial<br>return   | Number and street (or P.O. box if mail is not delivered to street address)                                                                                                                                      | E Telephone number                                          |                          |                             |  |  |  |  |
|                                | Final<br>return     | 1414 RALEIGH RD                                                                                                                                                                                                 | 295                                                         | 919-                     | 240-7877                    |  |  |  |  |
|                                | termir<br>ated      | City or town, state or province, country, and ZIP or foreign postal code                                                                                                                                        | <b>G</b> Gross receipts \$                                  | 897,946.                 |                             |  |  |  |  |
|                                | Amen<br>return      | CHAPED HIDD, NC 2/31/                                                                                                                                                                                           | H(a) Is this a group re                                     | turn                     |                             |  |  |  |  |
|                                | Applic tion         | <sup>a-</sup> F Name and address of principal officer: LAURA FENN                                                                                                                                               |                                                             | for subordinates         | ? Yes 🗶 No                  |  |  |  |  |
|                                | pendi               | SAME AS C ABOVE                                                                                                                                                                                                 | H(b) Are all subordinates in                                |                          |                             |  |  |  |  |
| ΙT                             | ax-ex               | empt status: 🔀 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1)                                                                                                                                                | or 527                                                      |                          | list. (see instructions)    |  |  |  |  |
| J۷                             | Vebsi               | e: WWW.THEWALKINGCLASSROOM.ORG                                                                                                                                                                                  |                                                             | H(c) Group exemption     |                             |  |  |  |  |
| κF                             | orm of              | organization: X Corporation Trust Association Other                                                                                                                                                             | L Year                                                      | of formation: 2011 N     | State of legal domicile: NC |  |  |  |  |
| Pa                             | rt I                | Summary                                                                                                                                                                                                         |                                                             | · · · · ·                | -                           |  |  |  |  |
| -                              | 1                   | Briefly describe the organization's mission or most significant activities: ${f HELP}$                                                                                                                          | IMPRC                                                       | VE THE PHYS              | ICAL,                       |  |  |  |  |
| nce                            |                     | MENTAL AND ACADEMIC HEALTH OF CHILDREN.                                                                                                                                                                         |                                                             |                          |                             |  |  |  |  |
| Activities & Governance        | 2                   | Check this box 🕨 🛄 if the organization discontinued its operations or dispo                                                                                                                                     | e than 25% of its net as                                    | sets.                    |                             |  |  |  |  |
| ove                            | 3                   | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                               |                                                             | 3                        | 11                          |  |  |  |  |
| Ğ                              |                     | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                   |                                                             | 11                       |                             |  |  |  |  |
| s s                            |                     | Total number of individuals employed in calendar year 2014 (Part V, line 2a)                                                                                                                                    |                                                             | 6                        |                             |  |  |  |  |
| vitie                          |                     | Total number of volunteers (estimate if necessary)                                                                                                                                                              |                                                             | 9                        |                             |  |  |  |  |
| cti                            |                     | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                            |                                                             |                          | 0.                          |  |  |  |  |
| 4                              |                     | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                                  |                                                             |                          | 0.                          |  |  |  |  |
|                                |                     |                                                                                                                                                                                                                 |                                                             | Prior Year               | Current Year                |  |  |  |  |
| е                              | 8                   | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                   |                                                             | 260,001.                 | 697,258.                    |  |  |  |  |
| nue                            | 9                   |                                                                                                                                                                                                                 |                                                             |                          |                             |  |  |  |  |
| Revenue                        | 10                  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                   |                                                             |                          |                             |  |  |  |  |
| Ē                              |                     | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                        |                                                             |                          |                             |  |  |  |  |
|                                | 12                  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                              |                                                             | 311,901.                 | 846,794.                    |  |  |  |  |
|                                | 13                  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                                                |                                                             | 85,950.                  | 96,487.                     |  |  |  |  |
|                                | 14                  | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                   | nefits paid to or for members (Part IX, column (A), line 4) |                          |                             |  |  |  |  |
| S                              | 15                  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                                               |                                                             | 100,379.                 | 194,795.                    |  |  |  |  |
| nse                            | 16a                 | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                   |                                                             | 0.                       | 0.                          |  |  |  |  |
| Expenses                       | b                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>Professional fundraising fees (Part IX, column (A), line 11e)<br>Total fundraising expenses (Part IX, column (D), line 25) | 12.                                                         |                          |                             |  |  |  |  |
| Û                              |                     | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                                    |                                                             | 160,427.                 | 194,381.                    |  |  |  |  |
|                                |                     | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                       |                                                             | 346,756.                 | 485,663.                    |  |  |  |  |
|                                | 19                  | Revenue less expenses. Subtract line 18 from line 12                                                                                                                                                            |                                                             | -34,855.                 | 361,131.                    |  |  |  |  |
| Net Assets or<br>Fund Balances |                     |                                                                                                                                                                                                                 |                                                             | eginning of Current Year | End of Year                 |  |  |  |  |
| sets                           | 20                  | Total assets (Part X, line 16)                                                                                                                                                                                  |                                                             | 63,442.                  | 420,564.                    |  |  |  |  |
| t AS:<br>d Bé                  |                     | Total liabilities (Part X, line 26)                                                                                                                                                                             |                                                             | 7,710.                   | 3,701.                      |  |  |  |  |
| Fun                            |                     | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                                      |                                                             | 55,732.                  | 416,863.                    |  |  |  |  |
| Pa                             | rt II               |                                                                                                                                                                                                                 |                                                             |                          |                             |  |  |  |  |

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

| Sign       | Signature of officer                               |                           | Date                         |
|------------|----------------------------------------------------|---------------------------|------------------------------|
| Here       | LAURA FENN, EXECUTIVE DIRECTOR                     |                           |                              |
|            | Type or print name and title                       |                           |                              |
|            | Print/Type preparer's name                         | Preparer's signature Date | Check PTIN                   |
| Paid       | JACKIE FREE                                        |                           | if self-employed P00838191   |
| Preparer   | Firm's name 🕞 BLACKMAN & SLOOP                     |                           | Firm's EIN <b>56-1304727</b> |
| Use Only   | Firm's address 1414 RALEIGH RD,                    | SUITE 300                 |                              |
|            | CHAPEL HILL, NC                                    | 27517                     | Phone no. (919)942-8700      |
| May the II | RS discuss this return with the preparer shown abo | ove? (see instructions)   | X Yes No                     |
| -          |                                                    |                           |                              |

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

|                  | 1 990 (2014) THE WALKING CLASSROOM INSTITUTE                                                                                                                                                                                                                                             | 27-4477692                  | Page <b>2</b>    |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------|
| Pai              | rt III Statement of Program Service Accomplishments                                                                                                                                                                                                                                      |                             |                  |
|                  | Check if Schedule O contains a response or note to any line in this Part III                                                                                                                                                                                                             |                             | Χ                |
| 1                | Briefly describe the organization's mission:<br>THE WALKING CLASSROOM IS A NATIONAL AWARD-WINNING NONPE<br>AND EDUCATIONAL TOOL THAT WORKS TO IMPROVE THE PHYSICAL<br>ACADEMIC HEALTH OF ELEMENTARY SCHOOL CHILDREN. BY WALKI<br>AND LEARNING REGULARLY THROUGHOUT THE SCHOOL YEAR, STUE | , MENTAL AND                | G                |
| 2                | Did the organization undertake any significant program services during the year which were not listed on                                                                                                                                                                                 |                             |                  |
|                  | the prior Form 990 or 990-EZ?<br>If "Yes," describe these new services on Schedule O.                                                                                                                                                                                                    | Yes                         | XNo              |
| 3                | Did the organization cease conducting, or make significant changes in how it conducts, any program services<br>If "Yes," describe these changes on Schedule O.                                                                                                                           | ? <b>Yes</b>                | XNo              |
| 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 other revenue, if any, for each program service reported.     | ners, the total expenses, a | and              |
| 4a               | THE WALKING CLASSROOM INSTITUTE OFFERS TWO PRIMARY PROC                                                                                                                                                                                                                                  | GRAMS (1) THE               | <u>485.</u> )    |
|                  | WALKING CLASSROOM ENGLISH LANGUAGE ARTS CURRICULUM FOR<br>(2) THE WALKING CLASSROOM ENGLISH LANGUAGE ARTS CURRICU                                                                                                                                                                        |                             | D                |
|                  | GRADE. BOTH PROGRAMS ARE ALIGNED WITH THE COMMON CORE                                                                                                                                                                                                                                    |                             | RDS              |
|                  | AND PROVIDE A SCHOOL YEAR'S WORTH OF EDUCATIONAL PODCAS                                                                                                                                                                                                                                  |                             |                  |
|                  | MP3-TYPE PLAYERS CALLED "WALKKITS" FOR EACH STUDENT AND                                                                                                                                                                                                                                  |                             |                  |
|                  | SUPPORTED BY AN EXTENSIVE TEACHER'S GUIDE (INCLUDING LE                                                                                                                                                                                                                                  | SSON PLANS,                 |                  |
|                  | VOCABULARY WORDS, AND COMPREHENSION QUIZZES) FOR EACH T                                                                                                                                                                                                                                  |                             |                  |
|                  | EDUCATIONAL MATERIALS MAY BE PURCHASED DIRECTLY BY SCHO                                                                                                                                                                                                                                  |                             |                  |
|                  | INTERESTED ORGANIZATIONS (AFTERSCHOOL PROGRAMS, HOMESCH                                                                                                                                                                                                                                  | -                           | -                |
|                  | FOR SCHOOLS THAT WOULD LIKE TO IMPLEMENT OUR PROGRAM BU                                                                                                                                                                                                                                  |                             | ORD              |
| 41               | TO DO SO, THE WALKING CLASSROOM SEEKS DONATIONS AND GRA                                                                                                                                                                                                                                  |                             |                  |
| 4b               | (Code:) (Expenses \$ including grants of \$) (Reve                                                                                                                                                                                                                                       | nue \$                      | )                |
|                  |                                                                                                                                                                                                                                                                                          |                             |                  |
|                  |                                                                                                                                                                                                                                                                                          |                             |                  |
|                  |                                                                                                                                                                                                                                                                                          |                             |                  |
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|                  |                                                                                                                                                                                                                                                                                          |                             |                  |
|                  |                                                                                                                                                                                                                                                                                          |                             |                  |
| 4c               | (Code:) (Expenses \$ including grants of \$) (Reve                                                                                                                                                                                                                                       | nue \$                      | )                |
|                  |                                                                                                                                                                                                                                                                                          |                             |                  |
|                  |                                                                                                                                                                                                                                                                                          |                             |                  |
|                  |                                                                                                                                                                                                                                                                                          |                             |                  |
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|                  |                                                                                                                                                                                                                                                                                          |                             |                  |
|                  |                                                                                                                                                                                                                                                                                          |                             |                  |
| 4d               | Other program services (Describe in Schedule O.)                                                                                                                                                                                                                                         |                             |                  |
|                  | (Expenses \$ including grants of \$ ) (Revenue \$                                                                                                                                                                                                                                        | )                           |                  |
| 4e               | Total program service expenses ► 352,727.                                                                                                                                                                                                                                                |                             | 00               |
| 432002<br>11-07- |                                                                                                                                                                                                                                                                                          |                             | <b>90</b> (2014) |
| 400              | 2014.03020 THE WALKING CLASSRO                                                                                                                                                                                                                                                           | OM INSTI 2823               | 6 1              |

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| ⊢orm | 990 | (2014) |

Part IV Checklist of Required Schedules

THE WALKING CLASSROOM INSTITUTE

|     |                                                                                                                                                                                                                                                                           |          | Yes  | No       |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                                                                                                                                                                       |          |      |          |
|     | If "Yes," complete Schedule A                                                                                                                                                                                                                                             | 1        | X    |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                                            | 2        | Х    |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>                                                                        | 3        |      | x        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                                                                                                                                          | 4        |      | x        |
| F   | during the tax year? If "Yes," complete Schedule C, Part II                                                                                                                                                                                                               | 4        |      |          |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>                                 | 5        |      | x        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                                                                                                                                                 | <u> </u> |      |          |
| Ŭ   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                                                                                                              | 6        |      | x        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                                                                                                                 |          |      |          |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                                                                                      | 7        |      | Х        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                  | 8        |      | x        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for                                                                                                                                             | -        |      |          |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?<br>If "Yes," complete Schedule D, Part IV                                                                                                       | 9        |      | x        |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent                                                                                                                                             |          |      |          |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                                                                                                                                    | 10       |      | х        |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                                           |          |      |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                                                                                                                                               |          |      |          |
|     | Part VI                                                                                                                                                                                                                                                                   | 11a      | Х    |          |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total                                                                                                                                               |          |      |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                                                                                               | 11b      |      | X        |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total                                                                                                                                                |          |      |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                                                                              | 11c      |      | X        |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in                                                                                                                                              |          |      | 37       |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                                                                                                                   | 11d      | 37   | <u> </u> |
|     | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                              | 11e      | Х    | <u> </u> |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                                                                                                                   |          | х    |          |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i><br>Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> | 11f      | - 23 |          |
| Iza | Schedule D, Parts XI and XII                                                                                                                                                                                                                                              | 12a      |      | x        |
| h   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                                                                                 | 120      |      |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                                                                                                     | 12b      |      | х        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>                                                                                                                                                           | 13       |      | X        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                               | 14a      |      | Х        |
|     | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                                                                                                                                                   |          |      |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                                                                                                                                                |          |      |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV                                                                                                                                                                                                                    | 14b      |      | X        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                                                                                                                                                 |          |      |          |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                                                                      | 15       |      | X        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                                                                                                                                                  |          |      | 37       |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                                                                               | 16       |      | _X_      |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                                                                                                                                   | 4-       |      | v        |
| 10  | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>                                                                                                                                                                                                 | 17       |      | X        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                                                                                                                              | 10       |      | x        |
| 19  | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i><br>Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"                                                                          | 18       |      | - 22     |
| 13  | complete Schedule G, Part III                                                                                                                                                                                                                                             | 19       |      | x        |
| 20a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>                                                                                                                                                                 | 20a      |      | X        |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                              | 20b      |      |          |

Form 990 (2014)

432003 11-07-14

Form 990 (2014) THE WALKING CLASSR Part IV Checklist of Required Schedules (continued) THE WALKING CLASSROOM INSTITUTE

| 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         22       Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III       22         23       Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J       23         24a       Did the organization nave a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a       24a         b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year, and that the transaction 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       25a         26       Did the organization report an                                                                                                                                                                                                                                                                                                                                                                      |          |
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| domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21         22       Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on<br>Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III       22         23       Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current<br>and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete<br>Schedule J       23         24a       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the<br>last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete<br>Schedule K. If "No", go to line 25a       24a         b       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease<br>any tax-exempt bonds?       24b         c       Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit<br>transaction with a disqualified person during the year? If "Yes," complete<br>Schedule L, Part I       25a         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or<br>former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"<br>complete Schedule L, Part II                                                                                                                                                                                                                                                                                                                                            | No       |
| <ul> <li>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</li> <li>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</li> <li>24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a</li> <li>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?</li> <li>24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I</li> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I</li> <li>25b 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, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part I</li> <li>26</li> <li>27 Did the organization provide a grant or other assistance to an offi</li></ul> | х        |
| Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III       22         23       Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J       23         24a       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a       24a         b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         c       Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I       25a         26       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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u> </u> |
| <ul> <li>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? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25a</i></li> <li>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>c Did the organization an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</li> <li>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>24d</li> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i></li> <li>25b</li> <li>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, nighest compensated employees, or disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i></li> <li>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</li> </ul>                                                                                                                                                                                                                                                                                                                           | х        |
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| Iast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete       24a         Schedule K. If "No", go to line 25a       24a         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         Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a         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         26       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       26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |
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| complete Schedule L, Part II       26         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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |
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| contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>X</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |
| of any of these newsers 0 if "Ves" complete Cohedula I. Dort III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | х        |
| of any of these persons? If "Yes," complete Schedule L, Part III       27         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
| instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | х        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X        |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X        |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X        |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>X</u> |
| 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 X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 37       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X        |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| <b>36</b> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Х        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | х        |
| <ul> <li>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
| Note. All Form 990 filers are required to complete Schedule O       38       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |

Form 990 (2014)

432004 11-07-14

| Form   | 990 (2014) THE WALKING CLASSROOM INSTITUTE 27-4477                                                                                                             | 692 | Р   | age <b>5</b> |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------------|
| Pai    | t 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                                                                                     |     |     |              |
|        |                                                                                                                                                                |     | Yes | No           |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12                                                                             |     |     |              |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b                                                                             |     |     |              |
| с      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                                             | 1   |     |              |
|        | (gambling) winnings to prize winners?                                                                                                                          | 1c  | X   |              |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                                    |     |     |              |
|        | filed for the calendar year ending with or within the year covered by this return 2a                                                                           |     |     |              |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                 | 2b  | Х   |              |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                                      |     |     |              |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                  | 3a  |     | Х            |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O                                                   | 3b  |     |              |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                                      |     |     |              |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                               | 4a  |     | Х            |
| b      | If "Yes," enter the name of the foreign country:                                                                                                               |     |     |              |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                            |     |     |              |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                          | 5a  |     | Х            |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                               | 5b  |     | Х            |
| с      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                             | 5c  |     |              |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                                    |     |     |              |
|        | any contributions that were not tax deductible as charitable contributions?                                                                                    | 6a  |     | X            |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                                           |     |     |              |
|        | were not tax deductible?                                                                                                                                       | 6b  |     |              |
| 7      | Organizations that may receive deductible contributions under section 170(c).                                                                                  |     |     |              |
|        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                | 7a  |     | X            |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                | 7b  |     |              |
| с      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                                              |     |     | <u></u>      |
|        | to file Form 8282?                                                                                                                                             | 7c  |     | X            |
|        | If "Yes," indicate the number of Forms 8282 filed during the year7d                                                                                            | _   |     |              |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                | 7e  |     | X            |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                   | 7f  |     | X            |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                               | 7g  |     |              |
|        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                             | 7h  |     |              |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                                                           |     |     |              |
|        | sponsoring organization have excess business holdings at any time during the year?                                                                             | 8   |     |              |
| 9      | Sponsoring organizations maintaining donor advised funds.                                                                                                      |     |     |              |
| a      | Did the sponsoring organization make any taxable distributions under section 4966?                                                                             | 9a  |     |              |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                              | 9b  |     |              |
| 10     | Section 501(c)(7) organizations. Enter:                                                                                                                        |     |     |              |
| a<br>L | Initiation fees and capital contributions included on Part VIII, line 12 10a                                                                                   | -   |     |              |
| 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:<br>Gross income from members or shareholders                                                                          |     |     |              |
|        | Gross income from members or shareholders       11a         Gross income from other sources (Do not net amounts due or paid to other sources against       11a | -   |     |              |
| b      |                                                                                                                                                                |     |     |              |
| 120    | amounts due or received from them.) [11b]<br>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?        | 12a |     |              |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                          | 120 |     |              |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                               |     |     |              |
|        | Is the organization licensed to issue qualified health plans in more than one state?                                                                           | 13a |     |              |
| d      | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                       | 104 |     |              |
| h      | Enter the amount of reserves the organization is required to maintain by the states in which the                                                               |     |     |              |
| 5      | organization is licensed to issue qualified health plans 13b                                                                                                   |     |     |              |
| c      | Enter the amount of reserves on hand                                                                                                                           |     |     |              |
|        | Did the organization receive any payments for indoor tanning services during the tax year?                                                                     | 14a |     | X            |
|        | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>                                               | 14b |     |              |
|        | , , , , , , , , , , , , , , , , ,                                                                                                                              |     |     |              |

| Form <b>990</b> | (2014) |
|-----------------|--------|
|-----------------|--------|

432005 11-07-14

| Form 990 (20 | 14) |
|--------------|-----|
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### THE WALKING CLASSROOM INSTITUTE

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| 0.0     | Check if Schedule O contains a response or note to any line in this Part VI                                                                                                                           |          |                    |          |         |      |   |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------|----------|---------|------|---|
| ec      | tion A. Governing Body and Management                                                                                                                                                                 |          |                    |          |         | Yes  | Т |
| 1a      | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                   | 1a       | I                  | 11       |         | 162  | t |
| ī       | 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 0.                                                                                                 |          |                    |          |         |      |   |
| h       | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                    | 1b       |                    | 11       |         |      |   |
| 2       | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi                                                                                              |          | any other          |          |         |      |   |
| 2       |                                                                                                                                                                                                       |          |                    |          | 2       |      | T |
| 3       | officer, director, trustee, or key employee?<br>Did the organization delegate control over management duties customarily performed by or under th                                                     |          |                    | ····  -  | ~       |      | ╀ |
| 3       |                                                                                                                                                                                                       |          | •                  |          | 2       |      |   |
|         | of officers, directors, or trustees, or key employees to a management company or other person?<br>Did the organization make any significant changes to its governing documents since the prior Form 9 |          |                    | ····· –  | 3<br>4  | Х    | ╀ |
| 4<br>5  |                                                                                                                                                                                                       |          |                    | ····· ⊢  | 5       |      | ╀ |
| 5       | Did the organization become aware during the year of a significant diversion of the organization's as                                                                                                 |          |                    |          | 5<br>6  |      | ╉ |
| 6<br>7- | Did the organization have members or stockholders?                                                                                                                                                    |          |                    | ·····  - | 0       |      | ╉ |
| /a      | Did the organization have members, stockholders, or other persons who had the power to elect or a                                                                                                     |          |                    |          |         |      |   |
|         | more members of the governing body?                                                                                                                                                                   |          |                    | ·····  - | 7a      |      | ╀ |
| b       | Are any governance decisions of the organization reserved to (or subject to approval by) members, s                                                                                                   |          |                    |          |         |      |   |
| _       | persons other than the governing body?                                                                                                                                                                |          |                    |          | 7b      |      | ╁ |
|         | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                                                                                       |          |                    |          |         | 37   | ł |
| а       | The governing body?                                                                                                                                                                                   |          |                    |          | 8a      | X    | ∔ |
| b       | Each committee with authority to act on behalf of the governing body?                                                                                                                                 |          |                    |          | 8b      | Х    | ∔ |
| 9       | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea                                                                                             |          |                    |          |         |      |   |
|         | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                                               |          |                    |          | 9       |      | 1 |
| ec      | tion B. Policies (This Section B requests information about policies not required by the Internal R                                                                                                   | evenu    | e Code.)           |          |         |      | Т |
| _       |                                                                                                                                                                                                       |          |                    | Г        |         | Yes  | ┦ |
|         | Did the organization have local chapters, branches, or affiliates?                                                                                                                                    |          |                    |          | 10a     |      | ┦ |
| b       | If "Yes," did the organization have written policies and procedures governing the activities of such c                                                                                                | •        |                    |          |         |      |   |
|         | and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$                                                                                               |          |                    |          | 10b     | 37   | ┦ |
|         | Has the organization provided a complete copy of this Form 990 to all members of its governing boo                                                                                                    | y befo   | re filing the forr | n?       | 11a     | Χ    | ╁ |
| b       | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                         |          |                    |          |         |      | ļ |
|         | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                               |          |                    | ····· ⊢  | 12a     | Х    | ↓ |
|         | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise                                                                                 |          |                    |          | 12b     | Х    | ↓ |
| С       | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                                                                                                 |          |                    |          |         |      |   |
|         | in Schedule O how this was done                                                                                                                                                                       |          |                    |          | 12c     | Х    | ļ |
| 3       | Did the organization have a written whistleblower policy?                                                                                                                                             |          |                    |          | 13      | Х    | ļ |
| 4       | Did the organization have a written document retention and destruction policy?                                                                                                                        |          |                    |          | 14      | Х    |   |
| 5       | Did the process for determining compensation of the following persons include a review and approv                                                                                                     | al by ir | ndependent         |          |         |      | I |
|         | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                                     |          |                    |          |         |      | 1 |
| а       | The organization's CEO, Executive Director, or top management official                                                                                                                                |          |                    |          | 15a     | Х    | I |
|         | Other officers or key employees of the organization                                                                                                                                                   |          |                    |          | 15b     | Х    | ſ |
|         | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                   |          |                    |          |         |      | t |
| 6a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange                                                                                            | ment v   | vith a             |          |         |      | 1 |
|         | taxable entity during the year?                                                                                                                                                                       |          |                    | [        | 16a     |      | ſ |
| b       | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua                                                                                              |          |                    |          |         |      | Ť |
|         | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga                                                                                                  |          |                    |          |         |      | 1 |
|         | exempt status with respect to such arrangements?                                                                                                                                                      |          |                    |          | 16b     |      | 1 |
| ec      | tion C. Disclosure                                                                                                                                                                                    |          |                    |          |         |      | Î |
| 7       | List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>                                                                                                                |          |                    |          |         |      | _ |
| 8       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-                                                                                                   | (Sect    | ion 501(c)(3)s c   | only) av | ailab   | le   |   |
|         | for public inspection. Indicate how you made these available. Check all that apply.                                                                                                                   |          |                    | - *      |         |      |   |
| •       |                                                                                                                                                                                                       |          |                    | ا        | 6 m m m |      |   |
| 9       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co                                                                                                     | ntiict ( | or interest policy | , and    | inan    | cial |   |
| ~       | statements available to the public during the tax year.                                                                                                                                               |          |                    |          |         |      |   |
| 0       | State the name, address, and telephone number of the person who possesses the organization's bound vertice BACK OFFICE, INC. $-919-459-4670$                                                          | oks ar   | nd records:        |          |         |      | _ |
|         | 790 SE CARY PARKWAY, SUITE 204, CARY, NC 27511                                                                                                                                                        |          |                    |          |         |      | _ |
|         |                                                                                                                                                                                                       |          |                    |          | Ec:     | 000  | _ |
| 2006    | 6                                                                                                                                                                                                     |          |                    |          | ruim    | 990  |   |
|         |                                                                                                                                                                                                       |          |                    |          |         |      |   |

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.

| (A)                                                           | (B)           | l                              |                       |          | C)           | npoi                            | illoui | (D)             | (E)             | (F)                    |
|---------------------------------------------------------------|---------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|--------|-----------------|-----------------|------------------------|
| Name and Title                                                | Average       |                                |                       |          | ition        | 1                               |        | Reportable      | Reportable      | Estimated              |
| Name and The                                                  | hours per     |                                | not c<br>, unle       |          |              |                                 |        | compensation    | compensation    | amount of              |
|                                                               | week          |                                | cer an                |          |              |                                 |        | from            | from related    | other                  |
|                                                               | (list any     | ctor                           |                       |          |              |                                 |        | the             | organizations   | compensation           |
|                                                               | hours for     | r dire                         |                       |          |              | ted                             |        | organization    | (W-2/1099-MISC) | from the               |
|                                                               | related       | stee c                         | rustee                |          |              | ien sa                          |        | (W-2/1099-MISC) |                 | organization           |
|                                                               | organizations | al tru                         | onal t                |          | loyee        | comp                            |        |                 |                 | and related            |
|                                                               | below         | Individual trustee or director | Institutional trustee | Officer  | Key employee | Highest compensated<br>employee | Former |                 |                 | organizations          |
|                                                               | line)         | Ē                              | <u> </u>              | θ        | θ.           | e, <u>H</u>                     | 9      |                 |                 |                        |
| <pre>(1) DESHERA MACK BOARD CHAIR:1/1-6/30/14</pre>           | 0.30          | x                              |                       |          |              |                                 |        | 0.              | 0.              | 0.                     |
|                                                               | 0.50          | ^                              |                       |          |              | -                               |        | 0.              | 0.              | 0.                     |
|                                                               | 0.50          | x                              |                       | x        |              |                                 |        | 0.              | 0.              | 0.                     |
| TREASURER                                                     | 0.30          |                                |                       | <u> </u> | —            |                                 |        | 0.              | 0.              | 0.                     |
| (3) CHRIS HARRIS                                              | 0.30          | x                              |                       | x        |              |                                 |        | 0.              | 0.              | 0.                     |
| DIRECTOR:1/1-6/30/14; SECRE:7/1-12/3 (4) RANI DASI            | 0.30          | ^                              |                       | <u> </u> |              | -                               |        | 0.              | 0.              | 0.                     |
|                                                               | 0.30          | x                              |                       | x        |              |                                 |        | 0.              | 0.              | 0.                     |
| VICE CHAIR (5) JONATHAN CHARNEY                               | 0.30          | ^                              |                       | ^        | <u> </u>     |                                 |        | 0.              | 0.              | 0.                     |
| SECRET:1/1-6/30/14; CHAIR:7/1-12/31/                          | 0.30          | x                              |                       | x        |              |                                 |        | 0.              | 0.              | 0.                     |
| (6) VANESSA TINSLEY                                           | 0.30          | ~                              |                       | <u> </u> |              |                                 |        | 0.              | 0.              | 0.                     |
| DIRECTOR:1/1-6/30/14                                          | 0.50          | x                              |                       |          |              |                                 |        | 0.              | 0.              | 0.                     |
| $\frac{\text{DIRECTOR! 1/1-6/30/14}}{(7) \text{ SARA PRICE}}$ | 0.30          |                                |                       |          | -            | -                               |        | 0.              | <u></u>         | 0.                     |
| DIRECTOR                                                      | 0.30          | x                              |                       |          |              |                                 |        | 0.              | 0.              | 0.                     |
| (8) DANA GRIFFIN                                              | 0.30          |                                | -                     |          | -            |                                 |        | 0.              |                 | <b>·</b> ·             |
| DIRECTOR                                                      | 0.30          | x                              |                       |          |              |                                 |        | 0.              | 0.              | 0.                     |
| (9) ANDY MINK                                                 | 0.30          |                                |                       |          |              |                                 |        |                 | Ŭ•              |                        |
| DIRECTOR                                                      | 0.00          | x                              |                       |          |              |                                 |        | 0.              | 0.              | 0.                     |
| (10) ERIN NILON                                               | 0.30          |                                |                       |          |              |                                 |        |                 |                 |                        |
| DIRECTOR                                                      |               | x                              |                       |          |              |                                 |        | 0.              | 0.              | 0.                     |
| (11) RACHEL MANDELL                                           | 0.30          |                                |                       |          |              |                                 |        |                 |                 |                        |
| DIRECTOR                                                      |               | x                              |                       |          |              |                                 |        | 0.              | 0.              | 0.                     |
| (12) LAURA FENN                                               | 40.00         |                                |                       |          |              |                                 |        |                 |                 |                        |
| EXECUTIVE DIRECTOR                                            | 0.50          |                                |                       | x        |              |                                 |        | 60,000.         | 0.              | 0.                     |
| (13) DEBRA IVES                                               | 40.00         |                                |                       |          |              |                                 |        |                 |                 |                        |
| BUSINESS DIRECTOR                                             |               |                                |                       | x        |              |                                 |        | 55,000.         | 0.              | 0.                     |
|                                                               |               |                                |                       |          |              |                                 |        |                 |                 |                        |
|                                                               |               | 1                              |                       |          |              |                                 |        |                 |                 |                        |
|                                                               |               |                                |                       |          |              |                                 |        |                 |                 |                        |
|                                                               |               | 1                              |                       |          |              |                                 |        |                 |                 |                        |
|                                                               |               |                                |                       |          |              |                                 |        |                 |                 |                        |
|                                                               |               | 1                              |                       |          |              |                                 |        |                 |                 |                        |
|                                                               |               |                                |                       |          |              |                                 |        |                 |                 |                        |
| ·                                                             |               |                                |                       |          |              |                                 |        |                 |                 |                        |
| 432007 11-07-14                                               |               |                                |                       |          |              |                                 |        |                 |                 | Form <b>990</b> (2014) |

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| Form 990 (2014) THE WALK                                                                                                                                                   |                                                                          |                                |                           |                                           |                                  |                                 |              |                                                                                     | 27-4                                                                              | 477           | 692               | Pa                                                             | age <b>8</b>    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------|---------------------------|-------------------------------------------|----------------------------------|---------------------------------|--------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------|-------------------|----------------------------------------------------------------|-----------------|
| Part VII Section A. Officers, Directors, Trus                                                                                                                              | 1                                                                        | ploy<br>I                      | ees                       |                                           |                                  | ghe                             | st C         | 1                                                                                   |                                                                                   |               |                   | (5)                                                            |                 |
| (A)<br>Name and title                                                                                                                                                      | (B)<br>Average<br>hours per<br>week<br>(list any<br>hours for<br>related | box.<br>offic                  | not c<br>, unle<br>cer an | (C<br>Posi<br>heck r<br>ss per<br>id a di | tion<br>more<br>rson i<br>irecto | than<br>is bot<br>r/trus        | h an<br>tee) | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensatio<br>from related<br>organization<br>(W-2/1099-MIS | on<br>d<br>Is | am<br>comp<br>fro | (F)<br>timate<br>ount o<br>other<br>pensa<br>om the<br>anizati | of<br>tion<br>e |
|                                                                                                                                                                            | organizations<br>below<br>line)                                          | Individual trustee or director | In stitutional trustee    | Officer                                   | Key employee                     | Highest compensated<br>employee | Former       |                                                                                     |                                                                                   |               |                   | l relate<br>nizatio                                            |                 |
|                                                                                                                                                                            |                                                                          |                                |                           |                                           |                                  |                                 |              |                                                                                     |                                                                                   |               |                   |                                                                |                 |
|                                                                                                                                                                            |                                                                          |                                |                           |                                           |                                  |                                 |              |                                                                                     |                                                                                   |               |                   |                                                                |                 |
|                                                                                                                                                                            |                                                                          |                                |                           |                                           |                                  |                                 |              |                                                                                     |                                                                                   |               |                   |                                                                |                 |
|                                                                                                                                                                            |                                                                          |                                |                           |                                           |                                  |                                 |              |                                                                                     |                                                                                   |               |                   |                                                                |                 |
| 1b Sub-total                                                                                                                                                               |                                                                          |                                |                           |                                           |                                  |                                 |              | 115,000.                                                                            |                                                                                   | 0.            |                   |                                                                | 0.              |
| c Total from continuation sheets to Part V                                                                                                                                 | II, Section A                                                            |                                |                           |                                           |                                  |                                 |              | 0.                                                                                  |                                                                                   | 0.            |                   |                                                                | 0.              |
| d Total (add lines 1b and 1c)         2       Total number of individuals (including but r compensation from the organization                                              |                                                                          |                                |                           |                                           |                                  |                                 |              | -                                                                                   | ),000 of reportab                                                                 | -             |                   | ~ 1                                                            | 0               |
| <b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>                                                   |                                                                          |                                |                           | -                                         |                                  | -                               |              | highest compensated e                                                               |                                                                                   |               | 3                 | Yes                                                            | No<br>X         |
| <ul> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or a</li> </ul> | 0,000? If "Yes,                                                          | " со                           | mple                      | ete S                                     | Sche                             | edule                           | ə J i        | for such individual                                                                 |                                                                                   | 1             | 4                 |                                                                | X               |
| rendered to the organization? If "Yes," corr<br>Section B. Independent Contractors                                                                                         | nplete Schedul                                                           | e J f                          | or si                     | uch p                                     | bers                             | son .                           | <u></u>      |                                                                                     |                                                                                   |               | 5                 |                                                                | Х               |
| 1 Complete this table for your five highest co                                                                                                                             |                                                                          |                                |                           |                                           |                                  |                                 |              |                                                                                     |                                                                                   | npens         | ation f           | rom                                                            |                 |
| the organization. Report compensation for (A)                                                                                                                              |                                                                          |                                |                           |                                           | /ith (                           | or w                            | ithi         | (B)                                                                                 |                                                                                   |               | (C                |                                                                |                 |
| Name and business                                                                                                                                                          | address                                                                  | NC                             | ONE                       | 3                                         |                                  |                                 |              | Description of s                                                                    | services                                                                          | С             | omper             | isatior                                                        | n               |
|                                                                                                                                                                            |                                                                          |                                |                           |                                           |                                  |                                 |              |                                                                                     |                                                                                   |               |                   |                                                                |                 |
|                                                                                                                                                                            |                                                                          |                                |                           |                                           |                                  |                                 |              |                                                                                     |                                                                                   |               |                   |                                                                |                 |
|                                                                                                                                                                            |                                                                          |                                |                           |                                           |                                  |                                 |              |                                                                                     |                                                                                   |               |                   |                                                                |                 |
| 2 Total number of independent contractors (<br>\$100,000 of compensation from the organi                                                                                   | -                                                                        | not lir                        | mite                      | d to                                      | thos<br>(                        |                                 | stec         | d above) who received n                                                             | nore than                                                                         |               |                   |                                                                |                 |
| 432008<br>11-07-14                                                                                                                                                         |                                                                          |                                |                           |                                           |                                  |                                 |              |                                                                                     |                                                                                   |               | Form <b>\$</b>    | 990 (2                                                         | 2014)           |

|                                                           |           | (2014) THE WALKING CLAS                                    | SROOM          | INSTITUTE                            |                                                        | 27-4477                                        | 692 Page 9                                                                |
|-----------------------------------------------------------|-----------|------------------------------------------------------------|----------------|--------------------------------------|--------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|
| Pa                                                        | rt VI     | I Statement of Revenue                                     |                |                                      |                                                        |                                                |                                                                           |
|                                                           |           | Check if Schedule O contains a response or not             | te to any line |                                      |                                                        | (2)                                            | <u></u>                                                                   |
|                                                           |           |                                                            |                | <b>(A)</b><br>Total revenue          | <b>(B)</b><br>Related or<br>exempt function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | <b>(D)</b><br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| ts                                                        | 1 a       | Federated campaigns 1a                                     |                |                                      |                                                        |                                                |                                                                           |
| iran<br>oun                                               |           | Membership dues 1b                                         |                |                                      |                                                        |                                                |                                                                           |
| S, G                                                      |           | Fundraising events 1c                                      |                |                                      |                                                        |                                                |                                                                           |
| Sift:<br>ar /                                             |           | Related organizations 1d                                   |                |                                      |                                                        |                                                |                                                                           |
| s, (<br>mil                                               |           | Government grants (contributions) 1e                       |                |                                      |                                                        |                                                |                                                                           |
| tion<br>r Si                                              |           | All other contributions, gifts, grants, and                |                |                                      |                                                        |                                                |                                                                           |
| ibut                                                      |           | similar amounts not included above 1f 697                  | ,258.          |                                      |                                                        |                                                |                                                                           |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | g         | Noncash contributions included in lines 1a-1f: \$          | 3,995.         |                                      |                                                        |                                                |                                                                           |
| an                                                        | h         | Total. Add lines 1a-1f                                     | 🕨              | 697,258.                             |                                                        |                                                |                                                                           |
|                                                           |           | Busir                                                      | ness Code      |                                      |                                                        |                                                |                                                                           |
| e                                                         | 2 a       |                                                            |                |                                      |                                                        |                                                |                                                                           |
| ervi<br>Je                                                | b         |                                                            |                |                                      |                                                        |                                                |                                                                           |
| n S<br>ent                                                | c         |                                                            |                |                                      |                                                        |                                                |                                                                           |
| Jrar<br>Rev                                               | c         |                                                            |                |                                      |                                                        |                                                |                                                                           |
| Program Service<br>Revenue                                | e         |                                                            |                |                                      |                                                        |                                                |                                                                           |
| <u>с</u>                                                  |           | All other program service revenue                          |                |                                      |                                                        |                                                |                                                                           |
|                                                           |           | Total. Add lines 2a-2f                                     |                |                                      |                                                        |                                                |                                                                           |
|                                                           | 3         | Investment income (including dividends, interest, an       |                | 51.                                  |                                                        |                                                | 51.                                                                       |
|                                                           |           | other similar amounts)                                     |                | JT.                                  |                                                        |                                                | JT.                                                                       |
|                                                           | 4         | Income from investment of tax-exempt bond procee           |                |                                      |                                                        |                                                |                                                                           |
|                                                           | 5         | Royalties                                                  |                |                                      |                                                        |                                                |                                                                           |
|                                                           | 6 6       |                                                            | Personal       |                                      |                                                        |                                                |                                                                           |
|                                                           |           | Less: rental expenses                                      |                |                                      |                                                        |                                                |                                                                           |
|                                                           |           | Rental income or (loss)                                    |                |                                      |                                                        |                                                |                                                                           |
|                                                           |           | Net rental income or (loss)                                |                |                                      |                                                        |                                                |                                                                           |
|                                                           |           |                                                            | ) Other        |                                      |                                                        |                                                |                                                                           |
|                                                           |           | assets other than inventory                                |                |                                      |                                                        |                                                |                                                                           |
|                                                           | b         | Less: cost or other basis                                  |                |                                      |                                                        |                                                |                                                                           |
|                                                           |           | and sales expenses                                         |                |                                      |                                                        |                                                |                                                                           |
|                                                           | c         | Gain or (loss)                                             |                |                                      |                                                        |                                                |                                                                           |
|                                                           |           | Net gain or (loss)                                         | 🕨              |                                      |                                                        |                                                |                                                                           |
| e                                                         |           | Gross income from fundraising events (not                  |                |                                      |                                                        |                                                |                                                                           |
| Other Revenue                                             |           | including \$ of                                            |                |                                      |                                                        |                                                |                                                                           |
| Sev                                                       |           | contributions reported on line 1c). See                    |                |                                      |                                                        |                                                |                                                                           |
| erF                                                       |           | Part IV, line 18 a                                         |                |                                      |                                                        |                                                |                                                                           |
| Oth                                                       |           | Less: direct expenses b                                    |                |                                      |                                                        |                                                |                                                                           |
| -                                                         |           | Net income or (loss) from fundraising events               | 🕨              |                                      |                                                        |                                                |                                                                           |
|                                                           | 9 a       | Gross income from gaming activities. See                   |                |                                      |                                                        |                                                |                                                                           |
|                                                           |           | Part IV, line 19 a                                         |                |                                      |                                                        |                                                |                                                                           |
|                                                           |           | Less: direct expenses b                                    |                |                                      |                                                        |                                                |                                                                           |
|                                                           |           | Net income or (loss) from gaming activities                | 🕨              |                                      |                                                        |                                                |                                                                           |
|                                                           | IU a      | Gross sales of inventory, less returns<br>and allowances a | 129            |                                      |                                                        |                                                |                                                                           |
|                                                           | h         | Less: cost of goods sold <b>b</b> 51                       | 152.           |                                      |                                                        |                                                |                                                                           |
|                                                           |           | Net income or (loss) from sales of inventory               |                | 147,977.                             | 147,977.                                               |                                                |                                                                           |
|                                                           |           |                                                            | ness Code      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,                                                |                                                |                                                                           |
|                                                           | 11 a      |                                                            | 0099           | 1,508.                               | 1,508.                                                 |                                                | 0.                                                                        |
|                                                           | b         |                                                            |                | , , ,                                | , •                                                    |                                                |                                                                           |
|                                                           | c         |                                                            |                |                                      |                                                        |                                                |                                                                           |
|                                                           |           | All other revenue                                          |                |                                      |                                                        |                                                |                                                                           |
|                                                           |           | Total. Add lines 11a-11d                                   |                | 1,508.                               |                                                        |                                                |                                                                           |
|                                                           | 12        | Total revenue. See instructions.                           |                | 846,794.                             | 149,485.                                               | 0.                                             | 51.                                                                       |
| 43200<br>11-07                                            | 9<br>- 14 |                                                            |                |                                      |                                                        |                                                | Form <b>990</b> (2014)                                                    |

Part IX Statement of Functional Expenses

THE WALKING CLASSROOM INSTITUTE

### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations 96,487. 96,487. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 81,000. 11,500. 22,500. 115,000. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 60,948. 27,014. 16,219. 17,715. Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 18,847. 11,570. 2,969. 4,308. Payroll taxes 10 Fees for services (non-employees): 11 a Management b Legal С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, a 18,342. 4,707. 6,829. 29,878. column (A) amount, list line 11g expenses on Sch O.) 11,589. 22,085. 10,496. Advertising and promotion 12 15,912. 9,768. 2,507. 3,637. 13 Office expenses Information technology 14 Royalties 15 21,085. 12,944. 3,322. 4,819. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 27,574. 13,787. 13,787. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 646. 4,100. 2,517. 937. Depreciation, depletion, and amortization 22 1,388. 852. 317. 219. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) (.... 33,682. 33,682. LICENSING FEES а 13,794. **POSTAGE & FREIGHT** 13,794. h 7,343. 7,343. **RESEARCH EXPENSES** С 6,463. 6,463. d SITE VISITS & TEACHER 5,575. 11,077. 4,235. 1,267. e All other expenses 86,612. 485,663. 352,727. 46,324. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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THE WALKING CLASSROOM INSTITUTE

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| Fai                         |     | Balance Sheet                                         |           |                            |                          |     |                           |
|-----------------------------|-----|-------------------------------------------------------|-----------|----------------------------|--------------------------|-----|---------------------------|
|                             |     | Check if Schedule O contains a response or not        | e to an   | y line in this Part X      |                          |     | <u></u>                   |
|                             |     |                                                       |           |                            | (A)<br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing                           |           |                            | 45,960.                  | 1   | 270,389.                  |
|                             | 2   | Savings and temporary cash investments                |           |                            |                          | 2   |                           |
|                             | 3   | Pledges and grants receivable, net                    |           |                            |                          | 3   | 95,000.                   |
|                             | 4   | Accounts receivable, net                              |           |                            | 546.                     | 4   | 9,786.                    |
|                             | 5   | Loans and other receivables from current and for      | ormer o   | fficers, directors,        |                          |     |                           |
|                             |     | trustees, key employees, and highest compensation     | ated en   | nployees. Complete         |                          |     |                           |
|                             |     | Part II of Schedule L                                 |           |                            |                          | 5   |                           |
|                             | 6   | Loans and other receivables from other disquality     | fied pe   | rsons (as defined under    |                          |     |                           |
|                             |     | section 4958(f)(1)), persons described in section     | 4958(     | c)(3)(B), and contributing |                          |     |                           |
|                             |     | employers and sponsoring organizations of sect        | ion 50    | 1(c)(9) voluntary          |                          |     |                           |
| ts                          |     | employees' beneficiary organizations (see instr).     | Comp      | lete Part II of Sch L      |                          | 6   |                           |
| Assets                      | 7   | Notes and loans receivable, net                       |           |                            | 7                        |     |                           |
| Ā                           | 8   | Inventories for sale or use                           |           |                            | 10,268.                  | 8   | 26,755.                   |
|                             | 9   | Prepaid expenses and deferred charges                 |           |                            |                          | 9   | 4,189.                    |
|                             | 10a | Land, buildings, and equipment: cost or other         |           |                            |                          |     |                           |
|                             |     | basis. Complete Part VI of Schedule D                 | 10a       | 20,044.                    |                          |     |                           |
|                             | b   | Less: accumulated depreciation                        | 10b       | 7,849.                     | 5,968.                   | 10c | 12,195.                   |
|                             | 11  | Investments - publicly traded securities              |           |                            |                          | 11  |                           |
|                             | 12  | Investments - other securities. See Part IV, line 1   | 1         |                            |                          | 12  |                           |
|                             | 13  | Investments - program-related. See Part IV, line      |           | 13                         |                          |     |                           |
|                             | 14  | Intangible assets                                     |           |                            | 14                       |     |                           |
|                             | 15  | Other assets. See Part IV, line 11                    |           |                            | 700.                     | 15  | 2,250.                    |
|                             | 16  | Total assets. Add lines 1 through 15 (must equa       | al line 3 | 34)                        | 63,442.                  | 16  | 420,564.                  |
|                             | 17  | Accounts payable and accrued expenses                 |           |                            | 7,710.                   | 17  | 1,824.                    |
|                             | 18  | Grants payable                                        |           | 18                         |                          |     |                           |
|                             | 19  | Deferred revenue                                      |           |                            |                          | 19  |                           |
|                             | 20  | Tax-exempt bond liabilities                           |           |                            |                          | 20  |                           |
|                             | 21  | Escrow or custodial account liability. Complete F     | Part IV   | of Schedule D              |                          | 21  |                           |
| es                          | 22  | Loans and other payables to current and former        | officer   | rs, directors, trustees,   |                          |     |                           |
| Liabilities                 |     | key employees, highest compensated employee           |           | · · ·                      |                          |     |                           |
| iab.                        |     | Complete Part II of Schedule L                        |           |                            |                          | 22  |                           |
|                             | 23  | Secured mortgages and notes payable to unrela         |           |                            |                          | 23  |                           |
|                             | 24  | Unsecured notes and loans payable to unrelated        | d third   | parties                    |                          | 24  |                           |
|                             | 25  | Other liabilities (including federal income tax, page |           |                            |                          |     |                           |
|                             |     | parties, and other liabilities not included on lines  | 17-24     | . Complete Part X of       | 0                        |     | 1 000                     |
|                             |     | Schedule D                                            |           |                            | 0.                       | 25  | 1,877.                    |
|                             | 26  | Total liabilities. Add lines 17 through 25            |           |                            | 7,710.                   | 26  | 3,701.                    |
|                             |     | Organizations that follow SFAS 117 (ASC 958           |           | k here 🕨 🔽 and             |                          |     |                           |
| Ses                         |     | complete lines 27 through 29, and lines 33 an         |           |                            | 40 010                   |     | 175 500                   |
| ano                         | 27  | Unrestricted net assets                               |           |                            | 49,016.                  | 27  | 175,588.                  |
| Bal                         | 28  | Temporarily restricted net assets                     |           | ·····                      | 6,716.                   | 28  | 241,275.                  |
| pu                          | 29  |                                                       |           |                            |                          | 29  |                           |
| , Fu                        |     | Organizations that do not follow SFAS 117 (A          | SC 958    | B), check here ▶ 📖         |                          |     |                           |
| s ol                        |     | and complete lines 30 through 34.                     |           |                            |                          |     |                           |
| Net Assets or Fund Balances | 30  | Capital stock or trust principal, or current funds    |           |                            |                          | 30  |                           |
| As                          | 31  | Paid-in or capital surplus, or land, building, or eq  |           |                            |                          | 31  |                           |
| Vet                         | 32  | Retained earnings, endowment, accumulated in          |           |                            |                          | 32  | 116 062                   |
| _                           | 33  | Total net assets or fund balances                     |           |                            | 55,732.                  | 33  | 416,863.                  |
|                             | 34  | Total liabilities and net assets/fund balances        |           |                            | 63,442.                  | 34  | 420,564.                  |
|                             |     |                                                       |           |                            |                          |     | Form <b>990</b> (2014)    |

| Form | 1990 (2014) THE WALKING CLASSROOM INSTITUTE                                                                        | 27-447   | 7692 | Pa  | ge <b>12</b> |
|------|--------------------------------------------------------------------------------------------------------------------|----------|------|-----|--------------|
| Pa   | rt XI Reconciliation of Net Assets                                                                                 |          |      |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                        |          |      |     |              |
|      |                                                                                                                    |          |      |     |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)                                                          | 1        |      |     | 94.          |
| 2    | Total expenses (must equal Part IX, column (A), line 25)                                                           | 2        | 48   | 5,6 | 63.          |
| 3    | Revenue less expenses. Subtract line 2 from line 1                                                                 | 3        | 36   | 1,1 | 31.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4        | 5    | 5,7 | 32.          |
| 5    | Net unrealized gains (losses) on investments                                                                       | 5        |      |     |              |
| 6    | Donated services and use of facilities                                                                             | 6        |      |     |              |
| 7    | Investment expenses                                                                                                | 7        |      |     |              |
| 8    | Prior period adjustments                                                                                           | 8        |      |     |              |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)                                               | 9        |      |     | 0.           |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                 |          |      |     |              |
|      | column (B))                                                                                                        | 10       | 41   | 6,8 | 63.          |
| Pa   | rt XII Financial Statements and Reporting                                                                          |          |      |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |          |      |     | X            |
|      |                                                                                                                    |          |      | Yes | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other                                               |          |      |     |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     | Ο.       |      |     |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |          | 2a   | Х   |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | d on a   |      |     |              |
|      | separate basis, consolidated basis, or both:                                                                       |          |      |     |              |
|      | X Separate basis Consolidated basis Both consolidated and separate basis                                           |          |      |     |              |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |          | 2b   |     | _X           |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat    | e basis, |      |     |              |
|      | consolidated basis, or both:                                                                                       |          |      |     |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis                                             |          |      |     |              |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the |          |      |     |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |          | 2c   | X   |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  | edule O. |      |     |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | •        |      |     |              |
|      | Act and OMB Circular A-133?                                                                                        |          | 3a   |     | X            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  |          |      |     |              |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |          | 3b   |     |              |
|      |                                                                                                                    |          | Form | 990 | 2014)        |

Form **990** (2014)

432012 11-07-14

| SCHEDULE A |  |
|------------|--|
|------------|--|

Department of the Treasury

Internal Revenue Service

| (Form | 990 | or | 990-EZ |  |
|-------|-----|----|--------|--|
|-------|-----|----|--------|--|

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

| Open | το  | Р   | up | IIC |
|------|-----|-----|----|-----|
| Insp | bec | cti | on |     |

| nformation about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo | orm9 | 90. | Ins  |
|--------------------------------------------------------------------------------------------|------|-----|------|
|                                                                                            | _    |     | <br> |

| Nan | ame of the organization Employer identification number |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                |                    |                    |                      |                      |                        |  |
|-----|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------|--------------------|--------------------|----------------------|----------------------|------------------------|--|
|     |                                                        | THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WALKING CL                       | ASSROOM INST                                   | ITUTE              |                    |                      | 2                    | 7-4477692              |  |
| Pa  | rt I                                                   | Reason for Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Charity Status (/                | All organizations must co                      | omplete th         | is part.) Se       | e instruction        | s.                   |                        |  |
| The | organ                                                  | ization is not a private found                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lation because it is: (          | For lines 1 through 11, o                      | check only         | one box.)          |                      |                      |                        |  |
| 1   |                                                        | A church, convention of ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | urches, or associatio            | on of churches describe                        | d in <b>sectio</b> | n 170(b)(1         | )(A)(i).             |                      |                        |  |
| 2   |                                                        | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                                |                    |                    |                      |                      |                        |  |
| 3   |                                                        | A hospital or a cooperative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | hospital service orga            | anization described in <b>s</b>                | ection 170         | (b)(1)(A)(ii       | i).                  |                      |                        |  |
| 4   |                                                        | A medical research organiz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ation operated in co             | njunction with a hospita                       | l described        | d in <b>sectio</b> | n 170(b)(1)(A        | )(iii). Enter        | the hospital's name,   |  |
|     |                                                        | city, and state:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                |                    |                    |                      |                      |                        |  |
| 5   |                                                        | An organization operated for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or the benefit of a co           | llege or university owne                       | d or opera         | ted by a go        | overnmental u        | unit describ         | bed in                 |  |
|     |                                                        | section 170(b)(1)(A)(iv). (C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete Part II.)               |                                                |                    |                    |                      |                      |                        |  |
| 6   |                                                        | A federal, state, or local gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | vernment or governn              | nental unit described in                       | section 17         | '0(b)(1)(A)        | (v).                 |                      |                        |  |
| 7   | X                                                      | An organization that norma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                                                |                    |                    |                      | he general           | public described in    |  |
|     |                                                        | section 170(b)(1)(A)(vi). (C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | omplete Part II.)                |                                                |                    |                    |                      |                      |                        |  |
| 8   |                                                        | A community trust describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ed in section 170(b)             | (1)(A)(vi). (Complete Par                      | t II.)             |                    |                      |                      |                        |  |
| 9   |                                                        | An organization that norma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ily receives: (1) more           | than 33 1/3% of its sup                        | port from          | contributio        | ons, members         | ship fees, a         | nd gross receipts from |  |
|     |                                                        | activities related to its exen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | npt functions - subje            | ct to certain exceptions                       | and (2) no         | more that          | n 33 1/3% of         | its support          | from gross investment  |  |
|     |                                                        | income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                                                |                    |                    |                      |                      |                        |  |
|     |                                                        | See section 509(a)(2). (Cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | mplete Part III.)                |                                                |                    |                    |                      |                      |                        |  |
| 10  |                                                        | An organization organized a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and operated exclus              | ively to test for public sa                    | afety. See         | section 50         | 9(a)(4).             |                      |                        |  |
| 11  |                                                        | An organization organized a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and operated exclus              | ively for the benefit of, t                    | o perform          | the functio        | ns of, or to c       | arry out the         | purposes of one or     |  |
|     |                                                        | more publicly supported or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ganizations describe             | ed in <b>section 509(a)(1)</b> c               | r section          | 509(a)(2). S       | See <b>section</b> & | 5 <b>09(a)(3).</b> C | heck the box in        |  |
|     |                                                        | lines 11a through 11d that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | describes the type o             | of supporting organization                     | n and com          | nplete lines       | s 11e, 11f, an       | d 11g.               |                        |  |
| а   |                                                        | <b>Type I.</b> A supporting orga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | anization operated, s            | upervised, or controlled                       | by its sup         | ported org         | anization(s),        | typically by         | giving                 |  |
|     |                                                        | the supported organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | on(s) the power to re            | gularly appoint or elect                       | a majority         | of the dired       | ctors or truste      | ees of the s         | upporting              |  |
|     | _                                                      | _ organization. You must o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | complete Part IV, Se             | ections A and B.                               |                    |                    |                      |                      |                        |  |
| b   |                                                        | <b>Type II.</b> A supporting org                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | anization supervised             | l or controlled in connec                      | tion with it       | s supporte         | ed organizatio       | on(s), by ha         | ving                   |  |
|     |                                                        | control or management o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | f the supporting org             | anization vested in the s                      | ame perso          | ons that co        | ontrol or mana       | age the sup          | ported                 |  |
|     | _                                                      | _ organization(s). You mus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | t complete Part IV,              | Sections A and C.                              |                    |                    |                      |                      |                        |  |
| С   |                                                        | Type III functionally interpretent of the second | grated. A supporting             | g organization operated                        | in connec          | tion with, a       | and functiona        | lly integrate        | ed with,               |  |
|     |                                                        | _ its supported organizatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n(s) (see instructions           | b). You must complete                          | Part IV, Se        | ections A,         | D, and E.            |                      |                        |  |
| d   |                                                        | Type III non-functionally                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>y integrated.</b> A supp      | orting organization oper                       | rated in co        | nnection w         | ith its suppo        | rted organi          | zation(s)              |  |
|     |                                                        | that is not functionally int                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | egrated. The organiz             | ation generally must sa                        | tisfy a dist       | ribution rea       | quirement an         | d an attent          | iveness                |  |
|     |                                                        | requirement (see instruct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ions). <b>You must con</b>       | nplete Part IV, Section                        | s A and D,         | and Part           | V.                   |                      |                        |  |
| е   |                                                        | Check this box if the orga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                                                |                    |                    | . Туре I, Туре       | II, Type III         |                        |  |
|     |                                                        | functionally integrated, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | r Type III non-functio           | nally integrated support                       | ing organi         | zation.            |                      |                      |                        |  |
|     |                                                        | er the number of supported o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                |                    |                    |                      |                      |                        |  |
| g   |                                                        | vide the following information<br>i) Name of supported                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | n about the supporte<br>(ii) EIN | ed organization(s). (iii) Type of organization | (iv) is the o      | rganization        | (v) Amount of        | monoton              | (vi) Amount of         |  |
|     | (                                                      | organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | (described on lines 1-9                        | listed i           | n your             | support              | -                    | other support (see     |  |
|     |                                                        | g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | above or IRC section                           |                    | document?          | Instruct             | -                    | Instructions)          |  |
|     |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  | (see instructions))                            | Yes                | No                 |                      | -                    |                        |  |
|     |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                |                    |                    |                      |                      |                        |  |
|     |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                |                    |                    |                      |                      |                        |  |
|     |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                |                    |                    |                      |                      |                        |  |
|     |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                |                    |                    |                      |                      |                        |  |
|     |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                |                    |                    |                      |                      |                        |  |
|     |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                |                    |                    |                      |                      |                        |  |
|     |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                |                    |                    |                      |                      |                        |  |
|     |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                |                    |                    |                      |                      |                        |  |
|     |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                |                    |                    |                      |                      |                        |  |
|     |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                |                    |                    |                      |                      |                        |  |

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

08400506 783398 28236

### Schedule A (Form 990 or 990-EZ) 2014 THE WALKING CLASSROOM INSTITUTE

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.)

| Se   | ction A. Public Support                                               |               |                       |                        |                     |                  |           |
|------|-----------------------------------------------------------------------|---------------|-----------------------|------------------------|---------------------|------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨                             | (a) 2010      | <b>(b)</b> 2011       | (c) 2012               | (d) 2013            | <b>(e)</b> 2014  | (f) Total |
| 1    | Gifts, grants, contributions, and                                     |               |                       |                        |                     |                  |           |
|      | membership fees received. (Do not                                     |               |                       |                        |                     |                  |           |
|      | include any "unusual grants.")                                        |               | 15,000.               | 140,635.               | 260,001.            | 697,258.         | 1112894.  |
| 2    | Tax revenues levied for the organ-                                    |               |                       |                        |                     |                  |           |
|      | ization's benefit and either paid to                                  |               |                       |                        |                     |                  |           |
|      | or expended on its behalf                                             |               |                       |                        |                     |                  |           |
| 3    | The value of services or facilities                                   |               |                       |                        |                     |                  |           |
|      | furnished by a governmental unit to                                   |               |                       |                        |                     |                  |           |
|      | the organization without charge                                       |               |                       |                        |                     |                  |           |
| 4    | Total. Add lines 1 through 3                                          |               | 15,000.               | 140,635.               | 260,001.            | 697,258.         | 1112894.  |
| 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)                                                            |               |                       |                        |                     |                  | 731,555.  |
|      | Public support. Subtract line 5 from line 4.                          |               |                       |                        |                     |                  | 381,339.  |
|      | ction B. Total Support                                                | 1             |                       |                        |                     |                  |           |
|      | ndar year (or fiscal year beginning in) 🕨                             | (a) 2010      | (b) 2011              | (c) 2012               | (d) 2013            | (e) 2014         | (f) Total |
| 7    | Amounts from line 4                                                   |               | 15,000.               | 140,635.               | 260,001.            | 697,258.         | 1112894.  |
| 8    | Gross income from interest,                                           |               |                       |                        |                     |                  |           |
|      | dividends, payments received on                                       |               |                       |                        |                     |                  |           |
|      | securities loans, rents, royalties                                    |               |                       |                        |                     | F 1              | F 1       |
|      | and income from similar sources $\dots$                               |               |                       |                        |                     | 51.              | 51.       |
| 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                                      |               |                       |                        |                     | 1 500            | 1 500     |
|      | assets (Explain in Part VI.)                                          |               |                       |                        |                     | 1,508.           | 1,508.    |
|      | Total support. Add lines 7 through 10                                 |               |                       |                        |                     |                  | 275,340.  |
|      | Gross receipts from related activities                                |               | ,                     |                        |                     |                  | 275,540.  |
| 13   | First five years. If the Form 990 is fo                               | -             | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3)      | X         |
| Sec  | organization, check this box and stop<br>ction C. Computation of Publ | ic Support Pe | rcentage              | <u></u>                |                     |                  |           |
|      | Public support percentage for 2014 (                                  |               |                       | olump (f)              |                     | 14               | %         |
|      | Public support percentage for 2013                                    |               |                       |                        |                     | 15               | %         |
|      | 33 1/3% support test - 2014. If the o                                 |               |                       |                        |                     |                  |           |
| 102  | stop here. The organization qualifies                                 | -             |                       |                        |                     |                  |           |
| r    | <b>33 1/3% support test - 2013.</b> If the o                          |               |                       |                        |                     |                  |           |
| ~    | and stop here. The organization qual                                  |               |                       |                        |                     |                  |           |
| 17a  | 10% -facts-and-circumstances tes                                      |               |                       |                        |                     |                  |           |
|      | and if the organization meets the "fac                                |               |                       |                        |                     |                  |           |
|      | meets the "facts-and-circumstances"                                   |               |                       |                        |                     |                  |           |
| h    | 10% -facts-and-circumstances tes                                      | -             | -                     | • • • •                | •                   |                  |           |
| ~    | more, and if the organization meets the                               | 0             |                       |                        | , , ,               | ,                |           |
|      | organization meets the "facts-and-cire                                |               |                       |                        |                     |                  |           |
| 18   | Private foundation. If the organization                               |               | 0                     |                        | ,                   |                  |           |
|      |                                                                       |               |                       |                        |                     | dule A (Form 990 |           |

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### Schedule A (Form 990 or 990-EZ) 2014

### 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                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Calendar year (or fiscal year beginning                                                                                                                                                                                                                                                                   | in) ▶ (a) 2010                                                                                                                                                                                                                                                      | <b>(b)</b> 2011                                                                                                                                                                                  | (c) 2012                                                                                                                           | (d) 2013                                                                            | (e) 2014                                                                                                                               | (f) Total     |
| 1 Gifts, grants, contributions, and                                                                                                                                                                                                                                                                       | t l                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| membership fees received. (Do                                                                                                                                                                                                                                                                             | not                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                  | 1                                                                                                                                  |                                                                                     |                                                                                                                                        |               |
| include any "unusual grants.")                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| 2 Gross receipts from admissions<br>merchandise sold or services p<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purp                                                                                                                         | er-<br>e                                                                                                                                                                                                                                                            |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| <b>3</b> Gross receipts from activities the                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     | 1                                                                                                                                                                                                |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| are not an unrelated trade or bu                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| iness under section 513                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| 4 Tax revenues levied for the orga                                                                                                                                                                                                                                                                        | on                                                                                                                                                                                                                                                                  | +                                                                                                                                                                                                |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| Ŭ                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| ization's benefit and either paid<br>or expended on its behalf                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| 5 The value of services or facilitie                                                                                                                                                                                                                                                                      | S                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| furnished by a governmental ur                                                                                                                                                                                                                                                                            | nit to                                                                                                                                                                                                                                                              |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| the organization without charge                                                                                                                                                                                                                                                                           | э                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| 6 Total. Add lines 1 through 5                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| 7a Amounts included on lines 1, 2                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| 3 received from disqualified per                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| <b>b</b> Amounts included on lines 2 and 3 receive<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                                                                                                                           |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| 8 Public support (Subtract line 7c from line                                                                                                                                                                                                                                                              | e 6.)                                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| Section B. Total Support                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| alendar year (or fiscal year beginning                                                                                                                                                                                                                                                                    | in) 🕨 (a) 2010                                                                                                                                                                                                                                                      | (b) 2011                                                                                                                                                                                         | (c) 2012                                                                                                                           | (d) 2013                                                                            | (e) 2014                                                                                                                               | (f) Total     |
| 9 Amounts from line 6                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| 10a Gross income from interest,<br>dividends, payments received of<br>securities loans, rents, royalties<br>and income from similar source                                                                                                                                                                | on                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| <b>b</b> Unrelated business taxable income                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| (less section 511 taxes) from busin                                                                                                                                                                                                                                                                       | esses                                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| acquired after June 30, 1975                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| <ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated bus<br/>activities not included in line 10<br/>whether or not the business is<br/>regularly carried on</li> </ul>                                                                                                                  | iness                                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| <ol> <li>Other income. Do not include g<br/>or loss from the sale of capital<br/>assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, ar</li> </ol>                                                                                                                                |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
|                                                                                                                                                                                                                                                                                                           | ,                                                                                                                                                                                                                                                                   | L<br>e firet econd thi                                                                                                                                                                           | I<br>ind fourth or fifth to                                                                                                        | I<br>ay year as a sosti                                                             | $\frac{1}{2}$                                                                                                                          | I<br>zation   |
| 4 First five veare If the Form 00                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                     | s mar, second, th                                                                                                                                                                                | ra, iourui, or iiiul ti                                                                                                            | -                                                                                   |                                                                                                                                        |               |
| 14 First five years. If the Form 990                                                                                                                                                                                                                                                                      | -                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        | 🔽 🗖           |
| check this box and <b>stop here</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                    |                                                                                     |                                                                                                                                        |               |
| check this box and stop here<br>Section C. Computation of                                                                                                                                                                                                                                                 | Public Support Pe                                                                                                                                                                                                                                                   | ercentage                                                                                                                                                                                        |                                                                                                                                    |                                                                                     | 1 1                                                                                                                                    |               |
| check this box and stop here<br>Section C. Computation of<br>15 Public support percentage for 2                                                                                                                                                                                                           | Public Support Pe<br>2014 (line 8, column (f) d                                                                                                                                                                                                                     | <b>ivided by line 13</b> ,                                                                                                                                                                       | column (f))                                                                                                                        |                                                                                     | 15                                                                                                                                     |               |
| check this box and <b>stop here</b><br>Section C. Computation of<br>15 Public support percentage for 2<br>16 Public support percentage from                                                                                                                                                               | Public Support Pe<br>2014 (line 8, column (f) d<br>n 2013 Schedule A, Part                                                                                                                                                                                          | <b>Frcentage</b><br>livided by line 13,<br>t III, line 15                                                                                                                                        | column (f))                                                                                                                        |                                                                                     | 1 1                                                                                                                                    |               |
| check this box and stop here<br>Section C. Computation of<br>15 Public support percentage from<br>Section D. Computation of                                                                                                                                                                               | Public Support Pe<br>2014 (line 8, column (f) d<br>n 2013 Schedule A, Part<br>Investment Incom                                                                                                                                                                      | ercentage<br>livided by line 13,<br>t III, line 15<br><b>ie Percentage</b>                                                                                                                       | column (f))                                                                                                                        |                                                                                     | 15<br>16                                                                                                                               |               |
| check this box and stop here<br>Section C. Computation of<br>15 Public support percentage for<br>16 Public support percentage from<br>Section D. Computation of<br>17 Investment income percentage                                                                                                        | Public Support Pe<br>2014 (line 8, column (f) d<br>n 2013 Schedule A, Part<br>Investment Incom<br>e for 2014 (line 10c, colur                                                                                                                                       | divided by line 13,<br>t III, line 15<br><b>De Percentage</b><br>mn (f) divided by li                                                                                                            | column (f))<br>e<br>ine 13, column (f))                                                                                            |                                                                                     | 15<br>16<br>17                                                                                                                         |               |
| check this box and stop here<br>Section C. Computation of<br>15 Public support percentage for<br>16 Public support percentage from<br>5ection D. Computation of<br>17 Investment income percentage<br>18 Investment income percentage                                                                     | Public Support Pe<br>2014 (line 8, column (f) d<br>n 2013 Schedule A, Part<br>Investment Incom<br>for 2014 (line 10c, colur<br>from 2013 Schedule A,                                                                                                                | ercentage<br>livided by line 13,<br>t III, line 15<br><b>De Percentage</b><br>mn (f) divided by li<br>Part III, line 17                                                                          | column (f))                                                                                                                        |                                                                                     | 15<br>16<br>17<br>18                                                                                                                   |               |
| check this box and stop here<br>Section C. Computation of<br>15 Public support percentage for<br>Section D. Computation of<br>17 Investment income percentage<br>18 Investment income percentage<br>19a 33 1/3% support tests - 2014.                                                                     | Public Support Pe<br>2014 (line 8, column (f) d<br>n 2013 Schedule A, Part<br>Investment Incom<br>for 2014 (line 10c, colur<br>from 2013 Schedule A,<br>If the organization did r                                                                                   | ercentage<br>livided by line 13,<br>t III, line 15<br>e Percentage<br>mn (f) divided by li<br>Part III, line 17<br>not check the box                                                             | column (f))<br>ne 13, column (f))<br>on line 14, and line                                                                          | e 15 is more than                                                                   | 15         16         17         18         33 1/3%, and line                                                                          | 17 is not     |
| check this box and stop here<br>Section C. Computation of<br>15 Public support percentage for<br>16 Public support percentage from<br>Section D. Computation of<br>17 Investment income percentage<br>18 Investment income percentage                                                                     | Public Support Pe<br>2014 (line 8, column (f) d<br>n 2013 Schedule A, Part<br>Investment Incom<br>for 2014 (line 10c, colur<br>from 2013 Schedule A,<br>If the organization did r                                                                                   | ercentage<br>livided by line 13,<br>t III, line 15<br>e Percentage<br>mn (f) divided by li<br>Part III, line 17<br>not check the box                                                             | column (f))<br>ne 13, column (f))<br>on line 14, and line                                                                          | e 15 is more than                                                                   | 15         16         17         18         33 1/3%, and line                                                                          | 17 is not     |
| check this box and stop here<br>Section C. Computation of<br>15 Public support percentage for<br>Section D. Computation of<br>17 Investment income percentage<br>18 Investment income percentage<br>19a 33 1/3% support tests - 2014.                                                                     | Public Support Pe<br>2014 (line 8, column (f) d<br>n 2013 Schedule A, Part<br>Investment Incom<br>for 2014 (line 10c, colur<br>from 2013 Schedule A,<br>. If the organization did r<br>box and stop here. The                                                       | ercentage<br>livided by line 13,<br>t III, line 15<br><b>De Percentage</b><br>mn (f) divided by li<br>Part III, line 17<br>not check the box<br>e organization qua                               | column (f))<br>ne 13, column (f))<br>on line 14, and line<br>lifies as a publicly                                                  | e 15 is more than supported organiz                                                 | 15         16         17         18         33 1/3%, and line         zation                                                           | ►             |
| check this box and stop here<br>Section C. Computation of<br>15 Public support percentage for<br>Section D. Computation of<br>17 Investment income percentage<br>18 Investment income percentage<br>19a 33 1/3% support tests - 2014.<br>more than 33 1/3%, check this                                    | Public Support Pe<br>2014 (line 8, column (f) d<br>n 2013 Schedule A, Part<br>Investment Incom<br>for 2014 (line 10c, colur<br>from 2013 Schedule A,<br>. If the organization did r<br>box and stop here. The<br>. If the organization did r                        | ivided by line 13,<br>till, line 15<br><b>e Percentage</b><br>mn (f) divided by line<br>Part III, line 17<br>not check the box<br>e organization qua<br>not check a box or                       | column (f))<br>ine 13, column (f))<br>on line 14, and line<br>lifies as a publicly<br>n line 14 or line 19a                        | e 15 is more than<br>supported organiz<br>a, and line 16 is m                       | 15           16           17           18           33 1/3%, and line           zation           ore than 33 1/3%,                     | and           |
| check this box and stop here<br>Section C. Computation of<br>15 Public support percentage for<br>Section D. Computation of<br>17 Investment income percentage<br>18 Investment income percentage<br>19a 33 1/3% support tests - 2014.<br>more than 33 1/3%, check this<br>b 33 1/3% support tests - 2013. | Public Support Pe<br>2014 (line 8, column (f) d<br>n 2013 Schedule A, Part<br>Investment Incom<br>for 2014 (line 10c, colur<br>from 2013 Schedule A,<br>If the organization did r<br>box and stop here. The<br>If the organization did r<br>%, check this box and s | ivided by line 13,<br>till, line 15<br><b>De Percentage</b><br>mn (f) divided by line<br>Part III, line 17<br>not check the box<br>e organization qua<br>not check a box of<br>top here. The org | column (f))<br>ine 13, column (f))<br>on line 14, and line<br>lifies as a publicly<br>n line 14 or line 19a<br>anization qualifies | e 15 is more than<br>supported organiz<br>a, and line 16 is m<br>as a publicly supp | 15           16           17           18           33 1/3%, and line           zation           ore than 33 1/3%, ported organization | 17 is not<br> |

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2014.03020 THE WALKING CLASSROOM INSTI 28236

### Schedule A (Form 990 or 990-EZ) 2014 THE WALKING CLASSROOM INSTITUTE

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2014

# Schedule A (Form 990 or 990-EZ) 2014 THE WALKING CLASSROOM INSTITUTE Part IV Supporting Organizations (continued)

|       |                                                                                                                                                           |          | _                                            |       |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------|-------|
|       |                                                                                                                                                           |          | Yes                                          | No    |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?                                                                   |          |                                              |       |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                                              |          |                                              |       |
|       | below, the governing body of a supported organization?                                                                                                    | 11a      |                                              |       |
|       | A family member of a person described in (a) above?                                                                                                       | 11b      |                                              |       |
|       | 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                                                                                                                   |          |                                              |       |
|       |                                                                                                                                                           |          | Yes                                          | No    |
| 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        |                                              |       |
| 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        |                                              |       |
| Sec   | tion D. Type III Supporting Organizations                                                                                                                 |          |                                              |       |
|       |                                                                                                                                                           |          | Yes                                          | No    |
| 1     | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                                            |          |                                              |       |
|       | 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        |                                              |       |
| 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        |                                              |       |
| 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 instructions):                          |          |                                              |       |
| а     | The organization satisfied the Activities Test. Complete line 2 below.                                                                                    |          |                                              |       |
| b     | The organization is the parent of each of its supported organizations. Complete line 3 below.                                                             |          |                                              |       |
| с     | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst                                     | ructions | ).                                           |       |
| 2     | Activities Test. Answer (a) and (b) below.                                                                                                                |          | Yes                                          | No    |
| а     | 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 <b>Part VI identify</b>                                         |          |                                              |       |
|       | 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       |                                              |       |
| b     | Did 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       |                                              |       |
| 3     | Parent of Supported Organizations. Answer (a) and (b) below.                                                                                              | 25       |                                              |       |
|       | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                                               |          |                                              |       |
| a     | trustees of each of the supported organizations? Provide details in <i>Part VI</i> .                                                                      | 3a       |                                              |       |
| h     | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each                                       | Ja       |                                              |       |
| U     |                                                                                                                                                           | 3b       |                                              |       |
| 42000 | of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.<br>5 09-17-14 Schedule A (Form 9 |          | 0_57                                         | 2014  |
| 40202 | 5 09-17-14 Schedule A (Form 9                                                                                                                             | JU UI 33 | <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 2U 14 |

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Schedule A (Form 990 or 990-EZ) 2014

2014.03020 THE WALKING CLASSROOM INSTI 28236 1

### Schedule A (Form 990 or 990-EZ) 2014 THE WALKING CLASSROOM INSTITUTE

### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |                                                                                |            | (A) Prior Year              | (B) Current Year<br>(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          |                             |                                |
| Sect                            | ion B - Minimum Asset Amount                                                   |            | (A) Prior Year              | (B) Current Year<br>(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):              |            |                             |                                |
| а                               | Average monthly value of securities                                            | 1a         |                             |                                |
| b                               | Average monthly cash balances                                                  | 1b         |                             |                                |
| с                               | Fair market value of other non-exempt-use assets                               | 1c         |                             |                                |
| d                               | Total (add lines 1a, 1b, and 1c)                                               | 1d         |                             |                                |
| е                               | Discount claimed for blockage or other                                         |            |                             |                                |
|                                 | factors (explain in detail in <b>Part VI</b> ):                                |            |                             |                                |
| 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          |                             |                                |
| Sect                            | ion C - Distributable Amount                                                   |            |                             | Current Year                   |
| 1                               | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1          |                             |                                |
| 2                               | Enter 85% of line 1                                                            | 2          |                             |                                |
| 3                               | Minimum asset amount for prior year (from Section B, line 8, Column A)         | 3          |                             |                                |
| 4                               | Enter greater of line 2 or line 3                                              | 4          |                             |                                |
| 5                               | Income tax imposed in prior year                                               | 5          |                             |                                |
| 6                               | Distributable Amount. Subtract line 5 from line 4, unless subject to           |            |                             |                                |
|                                 | emergency temporary reduction (see instructions)                               | 6          |                             |                                |
| 7                               | Check here if the current year is the organization's first as a non-functional | ly-integra | ted Type III supporting org | anization (see                 |
|                                 |                                                                                |            |                             |                                |

instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

## Schedule A (Form 990 or 990-EZ) 2014 THE WALKING CLASSROOM INSTITUTE

| Pa       | t V Type III Non-Functionally Integrated 509                                         | (a)(3) Supporting Orga        | anizations (continued)                 |                                           |
|----------|--------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|-------------------------------------------|
| Sect     | ion D - Distributions                                                                | Current Year                  |                                        |                                           |
| 1        | Amounts paid to supported organizations to accomplish exe                            | empt purposes                 |                                        |                                           |
| 2        | Amounts paid to perform activity that directly furthers exempt purposes of supported |                               |                                        |                                           |
|          | organizations, in excess of income from activity                                     |                               |                                        |                                           |
| 3        | Administrative expenses paid to accomplish exempt purpos                             | es of supported organization  | s                                      |                                           |
| 4        | Amounts paid to acquire exempt-use assets                                            |                               |                                        |                                           |
| 5        | Qualified set-aside amounts (prior IRS approval required)                            |                               |                                        |                                           |
| 6        | Other distributions (describe in Part VI). See instructions.                         |                               |                                        |                                           |
| 7        | Total annual distributions. Add lines 1 through 6.                                   |                               |                                        |                                           |
| 8        | Distributions to attentive supported organizations to which t                        | he organization is responsive | )                                      |                                           |
|          | (provide details in Part VI). See instructions.                                      |                               |                                        |                                           |
| 9        | Distributable amount for 2014 from Section C, line 6                                 |                               |                                        |                                           |
| 10       | Line 8 amount divided by Line 9 amount                                               |                               |                                        |                                           |
| Sect     | ion E - Distribution Allocations (see instructions)                                  | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
| 1        | Distributable amount for 2014 from Section C, line 6                                 |                               |                                        |                                           |
| 2        | Underdistributions, if any, for years prior to 2014                                  |                               |                                        |                                           |
|          | (reasonable cause required-see instructions)                                         |                               |                                        |                                           |
| 3        | Excess distributions carryover, if any, to 2014:                                     |                               |                                        |                                           |
| а        |                                                                                      |                               |                                        |                                           |
| b        |                                                                                      |                               |                                        |                                           |
| с        |                                                                                      |                               |                                        |                                           |
| d        |                                                                                      |                               |                                        |                                           |
| e        | From 2013                                                                            |                               |                                        |                                           |
| f        | Total of lines 3a through e                                                          |                               |                                        |                                           |
| g        | Applied to underdistributions of prior years                                         |                               |                                        |                                           |
| h        | Applied to 2014 distributable amount                                                 |                               |                                        |                                           |
| i        | Carryover from 2009 not applied (see instructions)                                   |                               |                                        |                                           |
| j        | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                    |                               |                                        |                                           |
| 4        | Distributions for 2014 from Section D,                                               |                               |                                        |                                           |
|          | line 7: \$                                                                           |                               |                                        |                                           |
| -        | Applied to underdistributions of prior years                                         |                               |                                        |                                           |
| b        | Applied to 2014 distributable amount                                                 |                               |                                        |                                           |
| C        | Remainder. Subtract lines 4a and 4b from 4.                                          |                               |                                        |                                           |
| 5        | Remaining underdistributions for years prior to 2014, if                             |                               |                                        |                                           |
|          | any. Subtract lines 3g and 4a from line 2 (if amount                                 |                               |                                        |                                           |
|          | greater than zero, see instructions).                                                |                               |                                        |                                           |
| 6        | Remaining underdistributions for 2014. Subtract lines 3h                             |                               |                                        |                                           |
|          | and 4b from line 1 (if amount greater than zero, see                                 |                               |                                        |                                           |
|          | instructions).                                                                       |                               |                                        |                                           |
| 7        | Excess distributions carryover to 2015. Add lines 3j                                 |                               |                                        |                                           |
|          | and 4c.                                                                              |                               |                                        |                                           |
| 8        | Breakdown of line 7:                                                                 |                               |                                        |                                           |
| <u>a</u> |                                                                                      |                               |                                        |                                           |
| b        |                                                                                      |                               |                                        |                                           |
| <u> </u> |                                                                                      |                               |                                        |                                           |
|          | Excess from 2013                                                                     |                               |                                        |                                           |
| e        | Excess from 2014                                                                     |                               |                                        |                                           |

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

| 1 | 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).                                                       |

| 432028 09-17-14       | Schedule A (Form 990 or 990-EZ) 2014                 |
|-----------------------|------------------------------------------------------|
| 20400E06 702200 20226 | 20<br>2014.03020 THE WALKING CLASSROOM INSTI 28236 1 |
| 08400506 783398 28236 | 2014.03020 THE WALKING CLASSROOM INSTI 28236 1       |

423171 05-01-14

## Identification of Excess Contributions Included on Part II, Line 5

27-4477692

### 2014

# \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

| Contributor's Name                                        | Total<br>Contributions | Excess<br>Contributions |
|-----------------------------------------------------------|------------------------|-------------------------|
| WILLIAM R. KENAN, JR. CHARITABLE TRUST                    | 450,000.               | 427,711                 |
| MERANCAS FOUNDATION                                       | 70,000.                | 47,711.                 |
| LABCORP                                                   | 33,000.                | 10,711.                 |
| BCBS                                                      | 195,000.               | 172,711.                |
| KAISER PERMANENTE FUND                                    | 95,000.                | 72,711.                 |
|                                                           |                        |                         |
|                                                           |                        |                         |
|                                                           |                        |                         |
|                                                           |                        |                         |
|                                                           |                        |                         |
|                                                           |                        |                         |
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|                                                           |                        |                         |
|                                                           |                        |                         |
|                                                           |                        |                         |
|                                                           |                        |                         |
|                                                           |                        |                         |
|                                                           |                        |                         |
|                                                           |                        |                         |
| Total Excess Contributions to Schedule A, Part II, Line 5 |                        | 731,555                 |

## Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2014

Employer identification number

| 27-4472 | 7692 |
|---------|------|
|         |      |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

Organization type (check one):

### THE WALKING CLASSROOM INSTITUTE

| Filers of:         | Section:                                                                         |
|--------------------|----------------------------------------------------------------------------------|
| Form 990 or 990-EZ | X 501(c)( 3 ) (enter number) organization                                        |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization                                                       |
| Form 990-PF        | 501(c)(3) exempt private foundation                                              |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation                                             |

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

| Name       | of  | organization |
|------------|-----|--------------|
| Titu III U | ••• | organization |

Employer identification number

27 - 4477692

THE WALKING CLASSROOM INSTITUTE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)         | (b)                                                                                              | (c)                 | (d)                                                                                |
|-------------|--------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
| No.         | Name, address, and ZIP + 4                                                                       | Total contributions | Type of contribution                                                               |
| 1           | THE MERANCAS FOUNDATION 14051 ISLAND DRIVE HUNTERSVILLE, NC 28078                                | \$40,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)         | (b)                                                                                              | (c)                 | (d)                                                                                |
| No.         | Name, address, and ZIP + 4                                                                       | Total contributions | Type of contribution                                                               |
| 2           | KAISER PERMANENTE FUND, A DONOR<br>ADVISED FUND OF THE DENVER F55 MADISON STREETDENVER, CO 80206 | \$95,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)         | (b)                                                                                              | (c)                 | (d)                                                                                |
| No.         | Name, address, and ZIP + 4                                                                       | Total contributions | Type of contribution                                                               |
| 3           | WILLIAM R. KENAN, JR. CHARITABLE TRUST<br>PO BOX 3858<br>CHAPEL HILL, NC 27515                   | \$250,000.          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)         | (b)                                                                                              | (c)                 | (d)                                                                                |
| No.         | Name, address, and ZIP + 4                                                                       | Total contributions | Type of contribution                                                               |
| 4           | BLUE CROSS BLUE SHIELD FOUNDATION<br>PO BOX 2291<br>DURHAM, NC 27702                             | \$175,000.          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)         | (b)                                                                                              | (c)                 | (d)                                                                                |
| No.         | Name, address, and ZIP + 4                                                                       | Total contributions | Type of contribution                                                               |
| 5           | WINSTON SALEM FOUNDATION<br>751 WEST FOURTH STREET, SUITE 200<br>WINSTON-SALEM, NC 27101         | \$ <u>100,000.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)         | (b)                                                                                              | (c)                 | (d)                                                                                |
| No.         | Name, address, and ZIP + 4                                                                       | Total contributions | Type of contribution                                                               |
|             |                                                                                                  | \$                  | Person Payroll Noncash (Complete Part II for noncash contributions.)               |
| 423452 11-0 | 5-14                                                                                             |                     | 990,990-EZ,or990-PF)(2014)                                                         |
| 400506      | 5 783398 28236 2014.03020 THE WAI                                                                |                     | LNSTI 28236 1                                                                      |

Employer identification number

27-4477692

### THE WALKING CLASSROOM INSTITUTE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| _                            |                                              | \$                                             |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |                                              | \$                                             |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |                                              | \$                                             |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |                                              | \$                                             |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |                                              | \$                                             |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |                                              | <br>  \$                                       |                      |

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2014.03020 THE WALKING CLASSROOM INSTI 28236 1

|                           | (Form 990, 990-EZ, or 990-PF) (2014)                                                                      |                                         | Page 4                                                                                                                                                         |  |  |  |
|---------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Name of orga              | anization                                                                                                 | Employer identification number          |                                                                                                                                                                |  |  |  |
|                           | LKING CLASSROOM INSTI                                                                                     | TUTE                                    | 27-4477692                                                                                                                                                     |  |  |  |
| Part III                  | Exclusively rengious, charitable, etc., co<br>the year from any one contributor. Complet                  | e columns (a) through (e) and the follo | d in section 501(c)(7), (8), or (10) that total more than \$1,000 for<br>Dwing line entry. For organizations<br>or less for the year (fater this into anon) \$ |  |  |  |
|                           | completing Part III, enter the total of exclusively relig<br>Use duplicate copies of Part III if addition |                                         | or less for the year. (Enter this info. once.)                                                                                                                 |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                       | (c) Use of gift                         | (d) Description of how gift is held                                                                                                                            |  |  |  |
|                           |                                                                                                           |                                         |                                                                                                                                                                |  |  |  |
| -                         |                                                                                                           | (e) Transfer of gi                      | ft                                                                                                                                                             |  |  |  |
| -                         | Transferee's name, address,                                                                               | and ZIP + 4                             | Relationship of transferor to transferee                                                                                                                       |  |  |  |
|                           |                                                                                                           |                                         |                                                                                                                                                                |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                       | (c) Use of gift                         | (d) Description of how gift is held                                                                                                                            |  |  |  |
|                           |                                                                                                           |                                         |                                                                                                                                                                |  |  |  |
| _                         |                                                                                                           | (e) Transfer of gi                      |                                                                                                                                                                |  |  |  |
|                           | Transferee's name, address, and ZIP + 4                                                                   |                                         | Relationship of transferor to transferee                                                                                                                       |  |  |  |
|                           |                                                                                                           |                                         |                                                                                                                                                                |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                       | (c) Use of gift                         | (d) Description of how gift is held                                                                                                                            |  |  |  |
|                           |                                                                                                           |                                         |                                                                                                                                                                |  |  |  |
| -                         | (e) Transfer of gift                                                                                      |                                         |                                                                                                                                                                |  |  |  |
| -                         | Transferee's name, address, and ZIP + 4                                                                   |                                         | Relationship of transferor to transferee                                                                                                                       |  |  |  |
|                           |                                                                                                           |                                         |                                                                                                                                                                |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                       | (c) Use of gift                         | (d) Description of how gift is held                                                                                                                            |  |  |  |
|                           |                                                                                                           |                                         |                                                                                                                                                                |  |  |  |
| -                         | (e) Transfer of gift                                                                                      |                                         |                                                                                                                                                                |  |  |  |
|                           | Transferee's name, address, and ZIP + 4                                                                   |                                         | Relationship of transferor to transferee                                                                                                                       |  |  |  |
|                           |                                                                                                           |                                         |                                                                                                                                                                |  |  |  |
| 423454 11-05-             | 14                                                                                                        |                                         | Schedule B (Form 990, 990-EZ, or 990-PF) (2014                                                                                                                 |  |  |  |
| 100506                    | 783398 28236                                                                                              | 24<br>2014.03020 THE WA                 | ALKING CLASSROOM INSTI 28236 1                                                                                                                                 |  |  |  |

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Page **4** 

(Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

|     | THE WALKING CLASSROOM                                                    |                                                | 27-4477692                            |
|-----|--------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|
| Pa  | rt I Organizations Maintaining Donor Advised Fu                          | Inds or Other Similar Funds or A               | ccounts.Complete if the               |
|     | organization answered "Yes" to Form 990, Part IV, line 6.                |                                                |                                       |
|     |                                                                          | (a) Donor advised funds (                      | b) Funds and other accounts           |
| 1   | Total number at end of year                                              |                                                |                                       |
| 2   | Aggregate value of contributions to (during year)                        |                                                |                                       |
| 3   | Aggregate value of grants from (during year)                             |                                                |                                       |
| 4   | Aggregate value at end of year                                           |                                                |                                       |
| 5   | Did the organization inform all donors and donor advisors in writing     | I<br>That the assets held in donor advised fun | nde                                   |
| Ŭ   | are the organization's property, subject to the organization's exclusion |                                                |                                       |
| 6   | Did the organization inform all grantees, donors, and donor advisor      |                                                |                                       |
| 0   | for charitable purposes and not for the benefit of the donor or don      |                                                |                                       |
|     |                                                                          |                                                |                                       |
| Pa  |                                                                          | tion analysis a live to Form 000 Dort IV       |                                       |
|     |                                                                          |                                                |                                       |
| 1   | Purpose(s) of conservation easements held by the organization (ch        |                                                |                                       |
|     | Preservation of land for public use (e.g., recreation or educat          |                                                |                                       |
|     | Protection of natural habitat                                            | Preservation of a certified hi                 | storic structure                      |
|     | Preservation of open space                                               |                                                |                                       |
| 2   | Complete lines 2a through 2d if the organization held a qualified co     | onservation contribution in the form of a co   | onservation easement on the last      |
|     | day of the tax year.                                                     |                                                |                                       |
|     |                                                                          |                                                | Held at the End of the Tax Year       |
| а   | Total number of conservation easements                                   |                                                | 2a                                    |
| b   | Total acreage restricted by conservation easements                       |                                                | 2b                                    |
| С   | Number of conservation easements on a certified historic structure       | e included in (a)                              | 2c                                    |
| d   | Number of conservation easements included in (c) acquired after 8        | 3/17/06, and not on a historic structure       |                                       |
|     | listed in the National Register                                          |                                                | 2d                                    |
| 3   | Number of conservation easements modified, transferred, released         |                                                | nization during the tax               |
|     | year 🕨                                                                   |                                                |                                       |
| 4   | Number of states where property subject to conservation easemer          | nt is located                                  |                                       |
| 5   | Does the organization have a written policy regarding the periodic       |                                                |                                       |
|     | violations, and enforcement of the conservation easements it holds       |                                                | Yes No                                |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, and e       |                                                |                                       |
| 7   | Amount of expenses incurred in monitoring, inspecting, and enforce       |                                                |                                       |
| 8   | Does each conservation easement reported on line 2(d) above sati         |                                                |                                       |
| •   | and section 170(h)(4)(B)(ii)?                                            |                                                |                                       |
| 9   | In Part XIII, describe how the organization reports conservation ea      |                                                |                                       |
| •   | include, if applicable, the text of the footnote to the organization's   | -                                              |                                       |
|     | conservation easements.                                                  |                                                | gamzation o accounting for            |
| Pa  | rt III Organizations Maintaining Collections of Art                      | . Historical Treasures. or Other               | Similar Assets.                       |
|     | Complete if the organization answered "Yes" to Form 990, I               |                                                |                                       |
| 12  | If the organization elected, as permitted under SFAS 116 (ASC 958        |                                                | nd balance sheet works of art         |
| Ia  | historical treasures, or other similar assets held for public exhibition |                                                |                                       |
|     | the text of the footnote to its financial statements that describes th   |                                                | public service, provide, in Part All, |
| h   |                                                                          |                                                | alance about works of ort bistorias   |
| D   | If the organization elected, as permitted under SFAS 116 (ASC 958        |                                                |                                       |
|     | treasures, or other similar assets held for public exhibition, educati   | ion, or research in furtherance of public se   | rvice, provide the following amounts  |
|     | relating to these items:                                                 |                                                |                                       |
|     | (i) Revenue included in Form 990, Part VIII, line 1                      |                                                | . • \$                                |
| _   |                                                                          |                                                |                                       |
| 2   | If the organization received or held works of art, historical treasures  |                                                | provide                               |
|     | the following amounts required to be reported under SFAS 116 (AS         |                                                |                                       |
| а   | Revenue included in Form 990, Part VIII, line 1                          |                                                |                                       |
| b   | Assets included in Form 990, Part X                                      |                                                |                                       |
|     |                                                                          |                                                |                                       |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for F           | orm 990.                                       | Schedule D (Form 990) 2014            |

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| Sche       | dule D (Form 990) 2014 THE WAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | KING CLASS             | ROOM 1          | INSTI      | TUTE           |              |                     | 27-44        | 7769              | 2 P            | age <b>2</b> |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|------------|----------------|--------------|---------------------|--------------|-------------------|----------------|--------------|
| Pa         | t III   Organizations Maintaining C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | collections of A       | rt, Histoı      | rical Tr   | easures, c     | or Othe      | er Simila           | ar Asse      | <b>ts</b> (contir | nued)          |              |
| 3          | Using the organization's acquisition, accessi (check all that apply):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | on, and other record   | ls, check a     | ny of the  | following that | t are a si   | gnificant           | use of its   | collectio         | n item         | IS           |
| а          | Public exhibition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | d                      | I 🗌 Loa         | an or exc  | hange progra   | ams          |                     |              |                   |                |              |
| b          | Scholarly research                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e                      |                 |            |                |              |                     |              |                   |                |              |
| с          | Preservation for future generations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                 |            |                |              |                     |              |                   |                |              |
| 4          | Provide a description of the organization's co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ollections and explai  | n how they      | further t  | he organizatio | on's exer    | npt purpo           | ose in Par   | t XIII.           |                |              |
| 5          | During the year, did the organization solicit o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                 |            |                |              |                     |              |                   |                |              |
|            | to be sold to raise funds rather than to be ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | aintained as part of t | the organiz     | ation's co | ollection?     |              |                     | 🗆            | Yes               |                | No           |
| Pa         | t IV Escrow and Custodial Arran<br>reported an amount on Form 990, Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | ete if the or   | ganizatio  | on answered "  | 'Yes" to I   | Form 990            | , Part IV, I | ine 9, or         |                |              |
| <b>1</b> a | Is the organization an agent, trustee, custod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ian or other intermed  | diary for co    | ntributior | ns or other as | sets not     | included            |              |                   |                |              |
|            | on Form 990, Part X?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                 |            |                |              |                     |              | Yes               |                | No           |
| b          | If "Yes," explain the arrangement in Part XIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and complete the fo    | llowing tab     | le:        |                |              |                     |              |                   |                |              |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                 |            |                |              |                     |              | Amoun             | t              |              |
| с          | Beginning balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                 |            |                |              | . 1c                |              |                   |                |              |
|            | Additions during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                 |            |                |              |                     |              |                   |                |              |
| е          | Distributions during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                 |            |                |              | . 1e                |              |                   |                |              |
| f          | Ending balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                 |            |                |              |                     |              | _                 |                |              |
| 2a         | Did the organization include an amount on F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | orm 990, Part X, line  | 21, for esc     | row or c   | ustodial acco  | unt liabili  | ty?                 | L            | Yes               |                | No           |
|            | If "Yes," explain the arrangement in Part XIII.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                 |            |                |              |                     |              |                   |                |              |
| Pa         | t V Endowment Funds. Complete i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                      |                 |            | 1              |              |                     |              |                   |                |              |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Current year       | (b) Prio        | r year     | (c) Two year   | s back (     | ( <b>d)</b> Three y | ears back    | <b>(e)</b> Four   | years          | back         |
|            | Beginning of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                 |            |                |              |                     |              |                   |                |              |
|            | Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                 |            |                |              |                     |              |                   |                |              |
|            | Net investment earnings, gains, and losses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                 |            |                |              |                     |              |                   |                |              |
|            | Grants or scholarships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                 |            |                |              |                     |              |                   |                |              |
| е          | Other expenditures for facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                 |            |                |              |                     |              |                   |                |              |
|            | and programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                 |            |                |              |                     |              |                   |                |              |
|            | Administrative expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                 |            |                |              |                     |              |                   |                |              |
| -          | End of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | (I' 4           |            | <u> </u>       |              |                     |              |                   |                |              |
| 2          | Provide the estimated percentage of the curr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                      |                 | column (a  | a)) held as:   |              |                     |              |                   |                |              |
|            | Board designated or quasi-endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | _%              |            |                |              |                     |              |                   |                |              |
|            | Permanent endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | %                      |                 |            |                |              |                     |              |                   |                |              |
| С          | Temporarily restricted endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                 |            |                |              |                     |              |                   |                |              |
| 0-         | The percentages in lines 2a, 2b, and 2c should be be a set in the percentage and a set in the percentage and |                        | ation that a    | ساماما م   |                | un al fau th |                     | - ation      |                   |                |              |
| 38         | Are there endowment funds not in the posse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ssion of the organiz   | ation that a    | ire neiu a | and administe  | reator tr    | ie organiz          | ation        | I                 | Yes            | No           |
|            | by:<br>(i) unrelated organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                 |            |                |              |                     |              | 3a(i)             | 162            | NO           |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                 |            |                |              |                     |              | 3a(ii)            |                |              |
| h          | (ii) related organizations<br>If "Yes" to 3a(ii), are the related organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s listed as required c | n Schedul       | <br>- R2   |                |              |                     |              | 3b                |                |              |
| 4          | Describe in Part XIII the intended uses of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                 |            |                |              |                     |              | 50                |                |              |
| -          | t VI Land, Buildings, and Equipm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                 | 43.        |                |              |                     |              |                   |                |              |
|            | Complete if the organization answere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | ). Part IV. lir | ne 11a. S  | See Form 990.  | . Part X. I  | ine 10.             |              |                   |                |              |
|            | Description of property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (a) Cost or o          |                 |            | t or other     |              | cumulate            | bd           | (d) Boo           | k valu         | e            |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | basis (investr         |                 |            | (other)        |              | reciation           | -            | (, 500            |                | -            |
| 1a         | Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · · · · ·              | ·               |            |                |              |                     |              |                   |                |              |
|            | Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                 |            |                |              |                     |              |                   |                |              |
|            | Leasehold improvements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                 |            |                |              |                     |              |                   |                |              |
|            | Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                 |            | 5,019.         |              | 1,7                 | 26.          |                   | 3,2            | 93.          |
|            | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                 | 1          | 5,025.         |              | 6,1                 |              |                   | 8,9            |              |
|            | Add lines 1a through 1e. (Column (d) must e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | X, column       |            | -              |              |                     |              |                   | 2,1            |              |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                 |            |                |              |                     | Schedule     | D (Forn           | n <b>990</b> ) | 2014         |

432052 10-01-14

| Schedule D | (Form 990) 2014 | THE      | WALKING    | CLASSROOM | INSTITUTE |
|------------|-----------------|----------|------------|-----------|-----------|
| Part VII   | Investments -   | Other Se | ecurities. |           |           |

| Complete if the organization answered "Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |                                                |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|------------------------------------|
| (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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
| (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |                                                |                                    |
| (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
| (D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
| (E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
| (F)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
| (G)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
| (H)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                                            |                                                |                                    |
| Part VIII Investments - Program Related.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                |                                    |
| Complete if the organization answered "Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s" to Form 990, Part IV, line                                | 11c. See Form 990, Part X, li                  | ne 13.                             |
| (a) Description of investment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (b) Book value                                               | (c) Method of valuation                        | : Cost or end-of-year market value |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                | -                                  |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |                                                |                                    |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
| (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
| (6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
| (7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |                                                |                                    |
| (8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                |                                    |
| (8)<br>(9)<br>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)<br>Part IX Other Assets.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              | 11d. See Form 990. Part X J                    | ine 15                             |
| (8)<br>(9)<br>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)<br>Part IX Other Assets.<br>Complete if the organization answered "Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              | 11d. See Form 990, Part X, I                   | ine 15. (b) Book value             |
| (8)<br>(9)<br>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)<br>Part IX Other Assets.<br>Complete if the organization answered "Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s" to Form 990, Part IV, line                                | 11d. See Form 990, Part X, I                   |                                    |
| (8)<br>(9)<br>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)<br>Part IX<br>Other Assets.<br>Complete if the organization answered "Yest<br>(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s" to Form 990, Part IV, line                                | 11d. See Form 990, Part X, I                   |                                    |
| (8)<br>(9)<br>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)<br>Part IX Other Assets.<br>Complete if the organization answered "Ye:<br>(a)<br>(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s" to Form 990, Part IV, line                                | 11d. See Form 990, Part X, I                   |                                    |
| (8)<br>(9)<br>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)<br>Part IX Other Assets.<br>Complete if the organization answered "Yee<br>(a<br>(1)<br>(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                   | s" to Form 990, Part IV, line                                | 11d. See Form 990, Part X, I                   |                                    |
| (8)<br>(9)<br>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)<br>Part IX Other Assets.<br>Complete if the organization answered "Ye:<br>(1)<br>(2)<br>(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s" to Form 990, Part IV, line                                | 11d. See Form 990, Part X, I                   |                                    |
| (8)<br>(9)<br>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)<br>Part IX Other Assets.<br>Complete if the organization answered "Yes<br>(a<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)                                                                                                                                                                                                                                                                                                                                                                                                                              | s" to Form 990, Part IV, line                                | 11d. See Form 990, Part X, I                   |                                    |
| (8)<br>(9)<br>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ■<br>Part IX Other Assets.<br>Complete if the organization answered "Yee<br>(a<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)                                                                                                                                                                                                                                                                                                                                                                                                                     | s" to Form 990, Part IV, line                                | 11d. See Form 990, Part X, I                   |                                    |
| (8)<br>(9)<br><b>Fart IX</b> Other Assets.<br>Complete if the organization answered "Yee<br>(a<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | s" to Form 990, Part IV, line                                | 11d. See Form 990, Part X, I                   |                                    |
| (8)         (9)         fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yee         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)                                                                                                                                                                                                                                                                                                                                           | s" to Form 990, Part IV, line                                | 11d. See Form 990, Part X, li                  |                                    |
| (8)         (9)         Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)                                                                                                                                                                                                                                                                                                                               | s" to Form 990, Part IV, line<br>a) Description              | 11d. See Form 990, Part X, li                  |                                    |
| (8)         (9)         Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Ye:         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) I                                                                                                                                                                                                                                                            | s" to Form 990, Part IV, line<br>a) Description              | 11d. See Form 990, Part X, I                   |                                    |
| (8)         (9)         fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B))         Part X         Other Liabilities.                                                                                                                                                                                                                   | s" to Form 990, Part IV, line<br>a) Description<br>line 15.) |                                                | (b) Book value                     |
| (8)<br>(9)<br>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)<br>Part IX Other Assets.<br>Complete if the organization answered "Ye:<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) in<br>Part X Other Liabilities.<br>Complete if the organization answered "Ye:                                                                                                                                                                                                                                                              | s" to Form 990, Part IV, line<br>a) Description<br>line 15.) | 11e or 11f. See Form 990, Pr                   | (b) Book value                     |
| (8)         (9)         Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yee         (1)       (a)         (2)       (3)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) in Part X         Other Liabilities.         Complete if the organization answered "Yee"         (a) Description of liability                                                                                                        | s" to Form 990, Part IV, line<br>a) Description<br>line 15.) |                                                | (b) Book value                     |
| (8)         (9)         Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Ye:         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) I         Part X         Other Liabilities.         Complete if the organization answered "Ye:         .         (a) Description of liability         (1) Federal income taxes                                                                               | s" to Form 990, Part IV, line<br>a) Description<br>line 15.) | 11e or 11f. See Form 990, P.<br>(b) Book value | (b) Book value                     |
| (8)         (9)         fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         fotal. (Column (b) must equal Form 990, Part X, col. (B) I         Part X         Other Liabilities.         Complete if the organization answered "Yes         .         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT                                                     | s" to Form 990, Part IV, line<br>a) Description<br>line 15.) | 11e or 11f. See Form 990, Pr                   | (b) Book value                     |
| (8)         (9)         Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Ye:         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) I         Part X         Other Liabilities.         Complete if the organization answered "Ye:         (a) Description of liability         (1)         (2)                                                                                                  | s" to Form 990, Part IV, line<br>a) Description<br>line 15.) | 11e or 11f. See Form 990, P.<br>(b) Book value | (b) Book value                     |
| (8)         (9)         Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) I         Part X         Other Liabilities.         Complete if the organization answered "Yes         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT                                                               | s" to Form 990, Part IV, line<br>a) Description<br>line 15.) | 11e or 11f. See Form 990, P.<br>(b) Book value | (b) Book value                     |
| (8)         (9)         Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) I         Part X         Other Liabilities.         Complete if the organization answered "Yes         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT         (3)                                                   | s" to Form 990, Part IV, line<br>a) Description<br>line 15.) | 11e or 11f. See Form 990, P.<br>(b) Book value | (b) Book value                     |
| (8)         (9)         Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) in Part X         Other Liabilities.         Complete if the organization answered "Yes         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT         (3)         (4)                                              | s" to Form 990, Part IV, line<br>a) Description<br>line 15.) | 11e or 11f. See Form 990, P.<br>(b) Book value | (b) Book value                     |
| (8)         (9)         Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) I         Part X       Other Liabilities.         Complete if the organization answered "Yes         1.       (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT         (3)         (4)         (5)         (6)          | s" to Form 990, Part IV, line<br>a) Description<br>line 15.) | 11e or 11f. See Form 990, P.<br>(b) Book value | (b) Book value                     |
| (8)         (9)         Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Ye:         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) I         Part X         Other Liabilities.         Complete if the organization answered "Ye:         (1)         (2) DEFERRED RENT         (3)         (4)         (5)         (6)         (7)         (3)         (4)         (5)         (6)         (7) | s" to Form 990, Part IV, line<br>a) Description<br>line 15.) | 11e or 11f. See Form 990, P.<br>(b) Book value | (b) Book value                     |
| (8)         (9)         Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) I         Part X         Other Liabilities.         Complete if the organization answered "Yes         I.         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT         (3)         (4)         (5)         (6)    | s" to Form 990, Part IV, line<br>a) Description<br>line 15.) | 11e or 11f. See Form 990, P.<br>(b) Book value | (b) Book value                     |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2014

432053 10-01-14

| Sche | dule D (Form 990) 2014 THE WALKING CLASSROOM INST                                | TTUTE           | 27-4477692 Page 4 |
|------|----------------------------------------------------------------------------------|-----------------|-------------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Statem                      | ents With Rever | nue per Return.   |
|      | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.      |                 |                   |
| 1    | Total revenue, gains, and other support per audited financial statements         |                 |                   |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |                 |                   |
| а    | Net unrealized gains (losses) on investments                                     | 2a              |                   |
| b    | Donated services and use of facilities                                           | 2b              |                   |
| с    | Recoveries of prior year grants                                                  | 2c              |                   |
| d    | Other (Describe in Part XIII.)                                                   |                 |                   |
| е    | Add lines 2a through 2d                                                          |                 | 2e                |
| 3    | Subtract line 2e from line 1                                                     |                 |                   |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |                 |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | . 4a            |                   |
| b    | Other (Describe in Part XIII.)                                                   | 4b              |                   |
| с    | Add lines <b>4a</b> and <b>4b</b>                                                |                 |                   |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                 |                   |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Statem                   |                 | nses per Return.  |
|      | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.      |                 |                   |
| 1    | Total expenses and losses per audited financial statements                       |                 | 1                 |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |                 |                   |
| а    | Donated services and use of facilities                                           | 2a              |                   |
| b    | Prior year adjustments                                                           | 2b              |                   |
| с    | Other losses                                                                     | 2c              |                   |
| d    | Other (Describe in Part XIII.)                                                   | 2d              |                   |
| е    | Add lines 2a through 2d                                                          |                 | 2e                |
| 3    | Subtract line 2e from line 1                                                     |                 |                   |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |                 |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | . 4a            |                   |
| b    | Other (Describe in Part XIII.)                                                   | 4b              |                   |
| с    | Add lines 4a and 4b                                                              |                 | 4c                |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |                 |                   |
| Pa   | rt 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.

PART X, LINE 2:

| UNDER THE STATUTE OF LIMITATIONS, THE INSTITUTE'S FEDERAL INFORMATIONAL   |
|---------------------------------------------------------------------------|
| RETURNS FOR 2012 THROUGH 2014 ARE SUBJECT TO EXAMINATION BY THE U.S.      |
| INTERNAL REVENUE SERVICE. MANAGEMENT EVALUATED TAX POSITIONS FOR THE      |
| YEARS ENDED DECEMBER 31, 2012 THROUGH 2014, AND CONCLUDED THAT THERE ARE  |
| NO UNCERTAIN TAX POSITIONS, AND BELIEVES THERE IS NO INCOME TAX EFFECT ON |
| THE FINANCIAL STATEMENTS.                                                 |
|                                                                           |

28

| SCHEDULE I<br>(Form 990)                               |                                                                                                                                                                          | GO GO                          | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. | er Assistan<br>d Individual<br>n answered "Yes" | ce to Organ<br>s in the Uni<br>to Form 990, Par | izations,<br>ted States<br>t IV, line 21 or 22.                |                                           | OMB No. 1545-0047                                    |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| Department of the Treasury<br>Internal Revenue Service |                                                                                                                                                                          | <ul> <li>Informatic</li> </ul> | Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www its nov/form990.                                                                            | Attach to Form 990.<br>Form 990) and its instru | m 990.<br>s instructions is al                  | www irs anv/form99                                             | 0                                         | Open to Public<br>Inspection                         |
| Name of the organization                               | ion<br>THE WALKING                                                                                                                                                       |                                | OM INSTITUTE                                                                                                                                                                           | ΞL                                              |                                                 |                                                                |                                           | Employer identification number<br>27 – 4 4 7 7 6 9 2 |
| Part I General Ir                                      | General Information on Grants and Assistance                                                                                                                             | Assistance                     |                                                                                                                                                                                        |                                                 |                                                 |                                                                |                                           |                                                      |
| 1 Does the organiz                                     | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | ubstantiate the                | amount of the grants                                                                                                                                                                   | or assistance, the                              | grantees' eligibility                           | / for the grants or ass                                        | istance, and the select                   |                                                      |
| criteria used to a                                     | criteria used to award the grants or assistance?                                                                                                                         | ce?                            |                                                                                                                                                                                        |                                                 |                                                 |                                                                |                                           | X Yes                                                |
| 2 Describe in Part                                     | Describe in Part IV the organization's procedures for monitoring the use                                                                                                 | lures for monito               | oring the use of grant t                                                                                                                                                               | of grant funds in the United States.            | d States.                                       |                                                                |                                           |                                                      |
| Part II Grants an                                      | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any       | nestic Organiz                 | ations and Domestic                                                                                                                                                                    | : Governments. C                                | omplete if the orga                             | Inization answered "Y                                          | es" to Form 990, Part I                   | V, line 21, for any                                  |
| recipient ti                                           | recipient that received more than \$5,000. Part II can be duplicated                                                                                                     | 00. Part II can                |                                                                                                                                                                                        | if additional space is needed                   | led.                                            |                                                                |                                           |                                                      |
| <b>1 (a)</b> Name and ac<br>or go <sup>v</sup>         | 1 (a) Name and address of organization or government                                                                                                                     | ( <b>b</b> ) EIN               | <b>(c)</b> IRC section<br>if applicable                                                                                                                                                | <b>(d)</b> Amount of<br>cash grant              | <b>(e)</b> Amount of<br>non-cash<br>assistance  | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance         |
|                                                        |                                                                                                                                                                          |                                |                                                                                                                                                                                        |                                                 |                                                 |                                                                |                                           |                                                      |
|                                                        |                                                                                                                                                                          |                                |                                                                                                                                                                                        |                                                 |                                                 |                                                                |                                           |                                                      |
|                                                        |                                                                                                                                                                          |                                |                                                                                                                                                                                        |                                                 |                                                 |                                                                |                                           |                                                      |
|                                                        |                                                                                                                                                                          |                                |                                                                                                                                                                                        |                                                 |                                                 |                                                                |                                           |                                                      |
|                                                        |                                                                                                                                                                          |                                |                                                                                                                                                                                        |                                                 |                                                 |                                                                |                                           |                                                      |
|                                                        |                                                                                                                                                                          |                                |                                                                                                                                                                                        |                                                 |                                                 |                                                                |                                           |                                                      |
|                                                        | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table                                                                          | Jovernment org                 | anizations listed in the                                                                                                                                                               | e line 1 table                                  |                                                 |                                                                |                                           |                                                      |
| _                                                      | Enter total number of other organizations listed in the line 1 table                                                                                                     | ed in the line 1               |                                                                                                                                                                                        |                                                 |                                                 |                                                                |                                           |                                                      |
| LHA For Paperwork                                      | For Paperwork Reduction Act Notice, see the Instructions for Form                                                                                                        | e the Instruction              | ons for Form 990.                                                                                                                                                                      |                                                 |                                                 |                                                                |                                           | Schedule I (Form 990) (2014)                         |

432101 10-15-14

| Schedule I (Form 990) (2014) THE WALKING CLA                                                                                                                                                      | CLASSROOM INSTITUTE        | NSTITUTE                    |                                       |                                                          | 27-4477692 Page 2                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------|---------------------------------------|----------------------------------------------------------|----------------------------------------|
| Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. | s. Complete if the         | organization answe          | ered "Yes" to Form 9                  | 30, Part IV, line 22.                                    |                                        |
| (a) Type of grant or assistance                                                                                                                                                                   | (b) Number of recipients   | (c) Amount of<br>cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|                                                                                                                                                                                                   |                            |                             |                                       |                                                          |                                        |
|                                                                                                                                                                                                   |                            |                             |                                       |                                                          |                                        |
|                                                                                                                                                                                                   |                            |                             |                                       |                                                          |                                        |
|                                                                                                                                                                                                   |                            |                             |                                       |                                                          |                                        |
|                                                                                                                                                                                                   |                            |                             |                                       |                                                          |                                        |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.                                                 | l<br>quired in Part I, lin | e 2, Part III, column       | (b), and any other ac                 | dditional information.                                   |                                        |
| PART I, LINE 2:                                                                                                                                                                                   |                            |                             |                                       |                                                          |                                        |
| THE WALKING CLASSROOM INSTITUTE GR                                                                                                                                                                | GRANTS CLASS               | SS SETS TO                  | TEACHERS,                             | MAINLY FROM                                              |                                        |
| OUR WAITING LIST. TEACHERS GET ON                                                                                                                                                                 | OUR                        | WAITING LIST                | BY FILLING                            | OUT A GRANT                                              |                                        |
| APPLICATION ON OUR WEBSITE FOR A D                                                                                                                                                                | DONATED CLASS              | LASS SET.                   | ONCE THE                              | INSTITUTE                                                |                                        |
| DETERMINES THAT A SPECIFIC TEACHER                                                                                                                                                                | SHOULD                     | RECEIVE A                   | CLASS SET,                            | WE REQUIRE                                               |                                        |
| THAT HE/SHE ENTER INTO AN OPERATIN                                                                                                                                                                | IG AGREEM                  | ENT WITH I                  | HE INSTITU                            | AN OPERATING AGREEMENT WITH THE INSTITUTE WHICH LAYS     |                                        |
| OUT BOTH PARTIES' RESPONSIBILITIES                                                                                                                                                                |                            | ERS MUST A                  | TEACHERS MUST AGREE TO COMPLETE       | ИРІЕТЕ ТНЕ                                               |                                        |
| REQUIRED ONLINE TRAINING BEFORE TH                                                                                                                                                                | THEY RECEIVE               | VE A CLASS                  | SET.                                  | TEACHERS MUST                                            |                                        |
| TELL THE INSTITUTE THE NUMBER OF S                                                                                                                                                                | STUDENTS                   | IN THE CLA                  | CLASSROOM SO                          | SO THE INSTITUTE                                         | Schodulo   (2014)                      |
| 432102 10-15-14                                                                                                                                                                                   |                            | >                           |                                       |                                                          | OCITERUNE I (FUILI 330) (20 1-1)       |

| Schedule I (Form 990) THE<br>Part IV Supplemental Information | WALKING CLASSROOM INSTITUTE   | 27-4477692 <sub>Pa</sub> |
|---------------------------------------------------------------|-------------------------------|--------------------------|
| CAN SEND THE CORRECT N                                        | UMBER OF WALKKITS. SOME OF 1  | THE RESPONSIBILITIES     |
| INCLUDE: TEACHERS AGRE                                        | E TO RESPOND TO SEVERAL SURVI | EYS DURING THE YEAR, TH  |
| MUST SEND THANK YOU NO                                        | TES WRITTEN BY THE CHILDREN W | WITHIN A DEFINED PERIOI  |
| OF TIME, AND THEY MUST                                        | SEND US PHOTOS OF THE STUDEN  | NTS USING THE PROGRAM.   |
| WE MAINTAIN RECORDS OF                                        | TEACHER COMPLIANCE AND ACTIV  | JELY FOLLOW UP IF THEY   |
| ARE NOT COMPLYING WITH                                        | THE REQUIREMENTS OF THE OPEN  | RATING AGREEMENT.        |
| ULTIMATELY, IF TEACHERS                                       | S ARE NOT ABLE TO USE THE PRO | OGRAM, AND REPORT TO US  |
| AS REQUIRED, WE FOLLOW                                        | UP TO GET THE CLASS SET RETU  | JRNED TO THE INSTITUTE   |
|                                                               |                               |                          |
|                                                               |                               |                          |
|                                                               |                               |                          |
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|                                                               |                               |                          |
|                                                               |                               |                          |
| 432291<br>05-01-14                                            |                               | Schedule I (Form         |

| SCHEDULE L<br>(Form 990 or 990-EZ) Complete in<br>Department of the Treasury<br>Internal Revenue Service | f the orgar<br>28 | nization and<br>b, or 28c, o<br>▶ Atta     | swere<br>or Forr<br>ich to | d "Yes<br>n 990-<br>Form <sup>g</sup> | " on F<br>EZ, P<br>990 or | art V, line 38a<br>Form 990-E     | rt IV<br>a or<br>Z. | , line 25a, 25b, 2    |          |             |                         | AB No.<br>20<br>pen T<br>spect | <b>1</b> 4     | ŀ        |
|----------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------|----------------------------|---------------------------------------|---------------------------|-----------------------------------|---------------------|-----------------------|----------|-------------|-------------------------|--------------------------------|----------------|----------|
| Name of the organization                                                                                 |                   | at 1 a a                                   |                            |                                       |                           |                                   |                     |                       |          | -           | ident                   |                                | on nı          | ımber    |
| THE WA                                                                                                   |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             | 776                     | 92                             |                |          |
| Complete if the organizatio                                                                              |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             | Ъ                       |                                |                |          |
| 1                                                                                                        |                   | onship bet                                 |                            |                                       |                           |                                   |                     |                       |          |             |                         | (d)                            | Corre          | cted?    |
| (a) Name of disqualified person                                                                          | pe                | rson and o                                 | rganiza                    | ation                                 |                           | (0                                | c) De               | escription of tran    | sactic   | n           |                         |                                | es             | No       |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                | $ \rightarrow$ |          |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         | _                              |                |          |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                | +              |          |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |
| 2 Enter the amount of tax incurred by                                                                    | -                 |                                            | -                          |                                       | -                         | -                                 | -                   | -                     |          | •           |                         |                                |                |          |
| <ul><li>section 4958</li><li>Benter the amount of tax, if any, on </li></ul>                             |                   |                                            |                            |                                       |                           |                                   |                     |                       |          | ► ⊅<br>► \$ |                         |                                |                |          |
|                                                                                                          |                   |                                            |                            |                                       | guinza                    |                                   |                     |                       |          | ΨΨ          |                         |                                |                |          |
| Part II Loans to and/or From                                                                             | n Intere          | sted Per                                   | sons                       |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |
| Complete if the organizatio                                                                              |                   |                                            |                            |                                       | , Part                    | V, line 38a or l                  | Forn                | n 990, Part IV, lin   | e 26;    | or if th    | ne orga                 | inizati                        | on             |          |
| (a) Name of (b) Relation                                                                                 | í                 | t X, line 5, 6<br>Purpose                  | ÷                          |                                       | 10                        | ) Original                        | 14                  | Balanco duo           | (a)      | In          | <b>(h)</b> Ap           | proved                         | (i) W          | /ritten  |
|                                                                                                          |                   |                                            |                            |                                       | cipal amount              |                                   | (f) Balance due     |                       | dofoul#2 |             | y board or<br>ommittee? |                                |                |          |
|                                                                                                          |                   |                                            | То                         | From                                  |                           |                                   |                     |                       | Yes      | No          | Yes                     | No                             | Yes            | No       |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                | <u> </u> |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                | +        |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                | <u> </u> |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |
| Total                                                                                                    | I                 |                                            |                            |                                       |                           | > \$                              |                     |                       |          |             |                         |                                |                | 1        |
| Part III Grants or Assistance                                                                            | e Benefi          | ting Inte                                  | reste                      | d Pe                                  | rsons                     | S.                                |                     |                       |          |             |                         |                                |                |          |
| Complete if the organizatio                                                                              | n answered        | d "Yes" on                                 | Form §                     | 990, Pa                               |                           |                                   |                     |                       |          |             |                         |                                |                |          |
| (a) Name of interested person                                                                            | inte              | elationship<br>rested pers<br>the organiza | son an                     |                                       | (                         | <b>c)</b> Amount of<br>assistance |                     | (d) Type<br>assistand |          |             |                         | ) Purp<br>assista              |                | f        |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |
|                                                                                                          | _                 |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |
|                                                                                                          | _                 |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          | +           |                         |                                |                |          |
|                                                                                                          | 1                 |                                            |                            |                                       |                           |                                   |                     |                       |          | +           |                         |                                |                |          |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |
|                                                                                                          |                   |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |
|                                                                                                          | _                 |                                            |                            |                                       |                           |                                   |                     |                       |          |             |                         |                                |                |          |

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

Schedule L (Form 990 or 990-EZ) 2014

### Schedule L (Form 990 or 990-EZ) 2014 THE WALKING CLASSROOM INSTITUTE Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha<br>organiz<br>rever | aring of<br>zation's<br>nues? |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------|-------------------------------|
|                               |                                                                 |                           |                                | Yes                         | No                            |
| LAURA FENN                    | EXECUTIVE DIRECTOR                                              | 33,682.                   | THE EXECUTI                    |                             | X                             |
|                               |                                                                 |                           |                                |                             |                               |
|                               |                                                                 |                           |                                |                             |                               |
|                               |                                                                 |                           |                                |                             |                               |
|                               |                                                                 |                           |                                |                             |                               |
|                               |                                                                 |                           |                                |                             |                               |
|                               |                                                                 |                           |                                |                             |                               |
|                               |                                                                 |                           |                                |                             |                               |
|                               |                                                                 |                           |                                |                             |                               |
|                               |                                                                 |                           |                                |                             |                               |

### Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LAURA FENN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

### EXECUTIVE DIRECTOR OF ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: THE EXECUTIVE DIRECTOR IS A MAJORITY

MEMBER OF AN LLC TO WHICH THE ORGANIZATION PAID LICENSING FEES IN 2014.

Schedule L (Form 990 or 990-EZ) 2014

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 14 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. **Open to Public** Attach to Form 990 or 990-EZ. Department of the Treasury Inspection Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization Employer identification number 27-4477692 THE WALKING CLASSROOM INSTITUTE FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HEALTHY LIFESTYLE HABITS WHILE BUILDING LITERACY AND CORE CONTENT KNOWLEDGE. THE PRIMARY GOAL OF OUR PROGRAM IS TO BREAK THE CYCLE OF INACTIVITY AND OBESITY WHILE PROVIDING AN INNOVATIVE METHOD OF ACADEMIC ENGAGEMENT AT THE SAME TIME. THE METHOD IS SIMPLE: STUDENTS WALK AS A CLASS (USUALLY OUTSIDE) WHILE LISTENING TO THE SAME, EXPERT-RESEARCHED, CUSTOM-WRITTEN, KID-FRIENDLY EDUCATIONAL PODCAST.WHILE ALL STUDENTS STAND TO BENEFIT FROM USING THE WALKING CLASSROOM PROGRAM AND THE ADDITIONAL 20 MINUTES OF PHYSICAL ACTIVITY THAT COMES WITH IT EACH TIME IT'S USED, CHILDREN WITH LOW ACADEMIC ACHIEVEMENT, CHILDHOOD OBESITY, KINESTHETIC LEARNING STYLES AND ATTENTION ISSUES, STAND TO BENEFIT THE STUDENTS ARE EXCITED TO GET OUT OF THE CLASSROOM, AND THEY SOON MOST. BEGIN TO ENJOY REGULAR EXERCISE AND REALIZE THAT THE WALKING CLASSROOM AND ITS EFFECTS EMPOWER THEM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: BEHALF. AS OF YEAR-END 2014, OUR PROGRAM IS BEING IMPLEMENTED IN OVER 600 CLASSROOMS, ACROSS 48 STATES AND THE DISTRICT OF COLUMBIA, WITH MORE THAN 12,000 WALKKITS DELIVERED. OUR GOALS FOR 2015 ARE TO ADD AT LEAST 300 MORE CLASSROOMS ACROSS THE COUNTRY AND DELIVER AN ADDITIONAL 9,200 WALKKITS AND TO BE ABLE TO SATISFY MANY REQUESTS ON OUR WAITING LIST OF MORE THAN 200 DESERVING TEACHERS FROM AROUND THE COUNTRY.

2014 ACHIEVEMENTS:

(1) SEMI-FINALIST FOR THE KATE B. REYNOLDS CHARITABLE TRUST

"INNOVATIONS IN RURAL HEALTH AWARD" NATIONAL COMPETITION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14 34

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| Schedule O (Form 990 or 990-EZ) (2014) Name of the organization THE WALKING CLASSROOM INSTITUTE | Page 2<br>Employer identification number<br>27-4477692 |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| (2) FEATURED PROGRAM OF DUKE UNIVERSITY'S 2014 WINTER FOR                                       | 1                                                      |
| EDUCATION: THE INNOVATION CHALLENGE"                                                            |                                                        |
| (3) INCREASED THE NUMBER OF CLASSROOMS THAT ARE IMPLEMENT                                       | ING THE                                                |
| PROGRAMS FROM 33 IN 2012 TO OVER 450 AT THE END OF 2014.                                        |                                                        |
| NUMBER OF CLIENTS SERVED: SINCE OUR FOUNDING IN 2011, WE                                        | E HAVE                                                 |
| DISTRIBUTED NEARLY 12,500 WALKKITS. MOST WALKKITS ARE SE                                        | IARED WITH AT                                          |
| LEAST ONE OTHER STUDENT, SO WE CAN CONSERVATIVELY ESTIMAT                                       | E THAT WE HAVE                                         |
| SERVED APPROXIMATELY 18,000 STUDENTS.                                                           |                                                        |
|                                                                                                 |                                                        |
| ACHIEVEMENTS THAT ARE NOT MEASUREABLE:                                                          |                                                        |
| OUR USER FEEDBACK IS EXCELLENT AND ENCOURAGING.                                                 |                                                        |
| SURVEY RESPONSES FROM 138 TEACHERS ACROSS THE COUNTRY WHO                                       | ) IMPLEMENTED                                          |
| THE WALKING CLASSROOM DURING THE 2013-14 SCHOOL YEAR ARE                                        | SUMMARIZED                                             |
| BELOW:                                                                                          |                                                        |
|                                                                                                 |                                                        |
| -99% SAY THEY ENJOY DOING THE WALKING CLASSROOM (TWC) WIT                                       | H THEIR                                                |
| STUDENTS                                                                                        |                                                        |
| -98% SAY TWC HELPS MEET THE NEEDS OF STUDENTS WITH DIFFER                                       | ENT LEARNING                                           |

STYLES

-98% SAY TWC IS HELPFUL IN SUPPLEMENTING THE CURRICULUM

-97% SAY THEIR STUDENTS ARE IN BETTER MOODS AFTER PARTICIPATING IN TWC

-97% SAY TWC PROGRAM IS EASY TO IMPLEMENT

-94% SAY THEIR STUDENTS ARE MORE ENGAGED IN CLASS DISCUSSIONS AFTER TWC

35

LESSONS

-87% SAY THEIR STUDENTS ARE BETTER BEHAVED AFTER A TWC LESSON

-84% SAY THEY NOTICED AN INCREASE IN HEALTH AWARENESS AND HEALTHY

CHOICES IN THEIR STUDENTS SINCE STARTING TWC.

432212 08-27-14

| Schedule O (Form 990 or 990-EZ) (2014)                    | Page <b>2</b>                                 |
|-----------------------------------------------------------|-----------------------------------------------|
| Name of the organization THE WALKING CLASSROOM INSTITUTE  | Employer identification number $27 - 4477692$ |
| FEEDBACK FROM STUDENTS: ALMOST 500 STUDENTS, FROM URBAN,  | SUBURBAN AND                                  |
| RURAL SETTINGS ALL OVER THE UNITED STATES WHO USED THE PR | OGRAM DURING                                  |
| THE 2013-14 SCHOOL YEAR INDICATED THE FOLLOWING IN YEAR E | ND STUDENT                                    |
| SURVEYS:                                                  |                                               |
|                                                           |                                               |
| -93% AGREED THEY WERE BETTER ABLE TO CONCENTRATE THROUGHO | UT THE DAY                                    |
| AFTER TWC                                                 |                                               |
| -92% AGREED THAT TWC HELPED THEM UNDERSTAND CONTENT       |                                               |
| -91% AGREED TWC MADE LEARNING MORE FUN                    |                                               |
| -85% AGREED THAT THEY KNOW ABOUT HEALTHY HABITS SINCE PAR | TICIPATING IN                                 |
| TWC                                                       |                                               |
| -77% AGREED THAT THEY ENJOY WALKING MORE SINCE USING TWC  |                                               |
| -73% AGREED THAT THEY MADE HEALTHIER CHOICES SINCE PARTIC | IPATING IN TWC                                |
|                                                           |                                               |
| FORM 990, PART VI, SECTION A, LINE 4:                     |                                               |
| THE BYLAWS OF THE WALKING CLASSROOM INSTITUTE WERE AMENDE | D ON OCTOBER 25,                              |
| 2014. UPDATES TO THE BYLAWS INCLUDE: CLARIFYING THE NUMBE | R, TERM AND                                   |
| QUALIFICATIONS OF DIRECTORS ELECTED TO THE BOARD; INSTRUC | TIONS FOR DIRECTOR                            |
| REMOVAL, RESIGNATION, AND VACANCIES; PROCEDURE WHEN A QUA | RTERLY MEETING IS                             |
| NOT HELD AS DESIGNATED BY THE BYLAWS; AND DEFINED QUORUM. | OTHER UPDATES                                 |
| INCLUDE: DEFINING THE EXECUTIVE COMMITTEE AND ITS ROLES,  | ACTIONS THAT                                  |
| COMMITTEES OF THE BOARD ARE NOT AUTHORIZED TO TAKE, ELECT | ION AND TERMS OF                              |
| OFFICERS, INDEMNIFICATION OF DIRECTORS AND OFFICERS, GENE | RAL PROVISIONS FOR                            |
| EXECUTIVE DIRECTOR, RULES FOR SIGNING CHECKS AND AUTHORIZ | ING LOANS ON                                  |
| BEHALF OF THE WALKING CLASSROOM INSTITUTE, AND THE CONFLI | CT OF INTEREST                                |
| POLICY.                                                   |                                               |
|                                                           |                                               |

| FORM               | 990,   | PART  | VI,  | SECTION | В, | LINE  | 11: |     |         |            |           |               |       |
|--------------------|--------|-------|------|---------|----|-------|-----|-----|---------|------------|-----------|---------------|-------|
| 432212<br>08-27-14 |        |       |      |         |    |       |     |     |         | Schedule O | (Form 990 | or 990-EZ) (2 | 2014) |
|                    |        |       |      |         |    |       |     | 36  |         |            |           |               |       |
| 0840050            | 5 7833 | 398 2 | 8236 |         | 20 | 14.03 | 020 | THE | WALKING | CLASSROOM  | INSTI     | 28236         | 1     |

| Schedule O (Form 990 or 990-EZ) (2014)                    | Page 2                         |
|-----------------------------------------------------------|--------------------------------|
| Name of the organization                                  | Employer identification number |
| THE WALKING CLASSROOM INSTITUTE                           | 27-4477692                     |
| BOARD MEMBERS ARE SENT A DRAFT COPY OF THE 990 PRIOR TO I | TS SUBMISSION AND              |
| ARE ENCOURAGED TO PROVIDE FEEDBACK. SUGGESTED CHANGES AR  | E CONSIDERED AND               |
| REVIEWED WITH OUR ACCOUNTANT AND THEN THE REVISED DRAFT 9 | 90 IS RESENT TO                |
| ALL BOARD MEMBERS. FINAL COPIES ARE SUBMITTED IF THERE A  | RE NO FURTHER                  |
| SUGGESTIONS OR REVISIONS.                                 |                                |

FORM 990, PART VI, SECTION B, LINE 12C:

FOR 2014, THE PROCESS RELIED ON INITIAL INQUIRY, REVIEW OF CONFLICT OF

INTEREST POLICY & SIGNATURE ON DISCLOSURE CERTIFICATION.

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PART VI, SECTION B, LINE 15A:

EXECUTIVE DIRECTOR COMPENSATION WAS DETERMINED AFTER A BOARD OF DIRECTORS

REVIEW OF RESPONSIBILITIES, USING THE NC NONPROFIT SALARIES AND BENEFITS

2010 AND AN OUTSIDE CONSULTANT AS A GUIDE.

FORM 990, PART VI, SECTION B, LINE 15B:

ALL OTHER EMPLOYEE COMPENSATION IS AT THE DISCRETION OF THE EXECUTIVE

DIRECTOR USING THE NC NONPROFIT SALARIES AND BENEFITS 2010 AS A GUIDE AND

IS PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL IN THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE ON REQUEST, AT OUR OFFICE OR BY EMAIL.

IN ADDITION THE 990 IS AVAILABLE ON GUIDESTAR.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE REVIEWED BY AN INDEPENDENT

ACCOUNTANT IN 2014. THE BUDGET AND FINANCE COMMITTEE OF THE

ORGANIZATION'S BOARD ASSUMES RESPONSBILITY FOR THE OVERSIGHT OF THE 432212 08-27-14

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37 2014.03020 THE WALKING CLASSROOM INSTI 28236

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

| Schedule O (       |          |             | EZ) (2014) |      |      |       |        |       |         |         |          |                       | Pa                      |
|--------------------|----------|-------------|------------|------|------|-------|--------|-------|---------|---------|----------|-----------------------|-------------------------|
| Name of the        | organiza | ition<br>TI | HE WA      | LKIN | IG C | LASSR | OOM I  | NSTIT | UTE     |         | Emp      | oloyer iden<br>27−447 | tification num<br>77692 |
| REVIEW             | AND      | SELE        | CTION      | OF   | THE  | INDE  | PENDE  | NT AC | COUNTAN | т.      |          |                       |                         |
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| 432212<br>08-27-14 |          |             |            |      |      |       |        | 38    |         | Sc      | hedule O | (Form 990             | or 990-EZ) (2           |
| 400506             | 7833     | 98 28       | 236        |      |      | 2014  | .03020 | THE   | WALKING | G CLASS | ROOM     | INSTI                 | 28236                   |

| SCHEDULE R<br>(Form 990)<br>Department of the T<br>Internal Revenue Se | rvice                                                                                                             | Related Organizations and Unrelated Partnerships         ▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         ▶ Attach to Form 990.         ▶Information about Schedule R (Form 990) and its instructions is at www.iss.gov/form990. | ions and Unrelated Pal<br>ered "Yes" on Form 990, Part IV, Ii<br>Attach to Form 990.<br>orm 990) and its instructions is at | <b>tnerships</b><br>ne 33, 34, 35b, 3<br>www.is. <i>aov/form</i> | 3, or 37.<br>990.                                         |                                           | OMB No. 1545-0047<br><b>2014</b><br>Open to Public<br>Inspection |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------|
| Name of                                                                | ation<br>THE WALKIN                                                                                               | ASSROOM INSTITUTE                                                                                                                                                                                                                                                                       |                                                                                                                             |                                                                  |                                                           | Employer identification number 27-4477692 | ication number<br>6 9 2                                          |
| Part I                                                                 | Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | if the organization answered "Yes" o                                                                                                                                                                                                                                                    | on Form 990, Part IV, line 33                                                                                               |                                                                  |                                                           |                                           |                                                                  |
|                                                                        | <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity                                     | <b>(b)</b><br>Primary activity                                                                                                                                                                                                                                                          | (c)<br>Legal domicile (state or<br>foreign country)                                                                         | (d)<br>Total income                                              | ne End-of-year assets                                     |                                           | (f)<br>Direct controlling<br>entity                              |
|                                                                        |                                                                                                                   |                                                                                                                                                                                                                                                                                         |                                                                                                                             |                                                                  |                                                           |                                           |                                                                  |
|                                                                        |                                                                                                                   |                                                                                                                                                                                                                                                                                         |                                                                                                                             |                                                                  |                                                           |                                           |                                                                  |
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|                                                                        |                                                                                                                   |                                                                                                                                                                                                                                                                                         |                                                                                                                             |                                                                  |                                                           |                                           |                                                                  |
| Part II                                                                | Identification of Related Tax-Exempt Organizations Complete if th organizations during the tax year.              | tions Complete if the organization ar                                                                                                                                                                                                                                                   | ie organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt                  | Part IV, line 34 be                                              | cause it had one c                                        | r more related tax-exe                    | impt                                                             |
|                                                                        | <b>(a)</b><br>Name, address, and EIN<br>of related organization                                                   | <b>(b)</b><br>Primary activity                                                                                                                                                                                                                                                          | <b>(c)</b><br>Legal domicile (state or<br>foreign country)                                                                  | <b>(d)</b><br>Exempt Code<br>section                             | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity       | troll 2                                                          |
|                                                                        |                                                                                                                   |                                                                                                                                                                                                                                                                                         |                                                                                                                             |                                                                  |                                                           |                                           | Les                                                              |
|                                                                        |                                                                                                                   |                                                                                                                                                                                                                                                                                         |                                                                                                                             |                                                                  |                                                           |                                           |                                                                  |
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|                                                                        |                                                                                                                   |                                                                                                                                                                                                                                                                                         |                                                                                                                             |                                                                  |                                                           |                                           |                                                                  |
| For Pap                                                                | For Paperwork Reduction Act Notice, see the Instructions for Form 990.                                            | s for Form 990.                                                                                                                                                                                                                                                                         |                                                                                                                             |                                                                  |                                                           | Schedule R                                | Schedule R (Form 990) 2014                                       |

08-14-14 LHA

| -                                                                                                                                                                                                                                                | WALKING CLA                                     | CLASSROOM                                                    | M INSTITUTE                         | ΓE<br>+be occanizat                                                                               |                                                | 0<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2 |                                          | 24 hoosi is                                       | $\frac{27 - 44}{200 \text{ or } 200 \text{ or } 300}$                   | 4477692                                             | Page 2                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------|
| part III loenuncation of related Organizations Laxable as a Partnership Complete in the organization answered "rest on Form 390, Part IV, line 34 pecause it had one or more related organizations treated as a partnership during the tax year. | nizations laxable a<br>hership during the ta    | <b>is а гаги</b><br>x year.                                  | iersnip Complete II                 | the organizat                                                                                     | ion answered 76                                |                                                                                                  | JU, Part IV, IINe                        | 34 Decaus                                         | e it riad one or mo                                                     | re related                                          |                                                                 |
| (a)<br>Name, address, and EIN<br>of related organization                                                                                                                                                                                         | <b>(b)</b><br>Primary activity                  | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (a)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) |                                                | (f)<br>Share of total<br>income                                                                  | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations?<br>Yes No | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner?<br>Yes No | <b>(k)</b><br>Percentage<br>ownership                           |
| THE WALKING CLASSROOM, LLC - L1<br>90-0637918, 301 FAISON ROAD, ED<br>CHAPEL HILL, NC 27517 C0                                                                                                                                                   | CREATE AND<br>LICENSE<br>EDUCATIONAL<br>CONTENT | NC                                                           | A/A                                 | N/A                                                                                               |                                                |                                                                                                  |                                          | N                                                 |                                                                         | ×                                                   |                                                                 |
|                                                                                                                                                                                                                                                  |                                                 |                                                              |                                     |                                                                                                   |                                                |                                                                                                  |                                          |                                                   |                                                                         |                                                     |                                                                 |
|                                                                                                                                                                                                                                                  |                                                 |                                                              |                                     |                                                                                                   |                                                |                                                                                                  |                                          |                                                   |                                                                         |                                                     |                                                                 |
|                                                                                                                                                                                                                                                  |                                                 |                                                              |                                     |                                                                                                   |                                                |                                                                                                  |                                          |                                                   |                                                                         |                                                     |                                                                 |
| Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.                                                                                                    | nizations Taxable a                             | <b>is a Corp</b><br>ig the tax                               | <b>oration or Trust</b> Co<br>year. | implete if the                                                                                    | or Trust Complete if the organization answered | wered "Yes" o                                                                                    | n Form 990, Pa                           | art IV, line 3                                    | "Yes" on Form 990, Part IV, line 34 because it had one or more related  | one or mo                                           | re related                                                      |
| (a)<br>Name, address, and EIN<br>of related organization                                                                                                                                                                                         |                                                 | Prin                                                         | (b)<br>Primary activity             | (c)<br>Legal domicile<br>(state or<br>foreign<br>country)                                         | (d)<br>Direct controlling<br>entity            | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust)                                           | tty Share of total orp, income           | )<br>of total<br>me                               | (g)<br>Share of Pe<br>end-of-year or<br>assets                          | (h)<br>Percentage<br>ownership                      | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity?<br>Yes No |
|                                                                                                                                                                                                                                                  |                                                 |                                                              |                                     |                                                                                                   |                                                |                                                                                                  |                                          |                                                   |                                                                         |                                                     |                                                                 |
|                                                                                                                                                                                                                                                  |                                                 |                                                              |                                     |                                                                                                   |                                                |                                                                                                  |                                          |                                                   |                                                                         |                                                     |                                                                 |
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|                                                                                                                                                                                                                                                  |                                                 |                                                              |                                     |                                                                                                   |                                                |                                                                                                  |                                          |                                                   |                                                                         |                                                     |                                                                 |
|                                                                                                                                                                                                                                                  |                                                 |                                                              |                                     |                                                                                                   |                                                |                                                                                                  |                                          |                                                   |                                                                         |                                                     |                                                                 |
| 432162 08-14-14                                                                                                                                                                                                                                  | -                                               |                                                              |                                     | 40                                                                                                |                                                |                                                                                                  | -                                        | -                                                 | Schedul                                                                 | e R (Forn                                           | Schedule R (Form 990) 2014                                      |

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| CLASSROOM                  |  |
| WALKING                    |  |
| THE                        |  |
| Schedule R (Form 990) 2014 |  |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                                                                                        |                                         |                               |                                                     | 7              | Yes N  | No       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------|-----------------------------------------------------|----------------|--------|----------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                          | ns with one or more re                  | elated organizations listed   | in Parts II-IV?                                     |                |        |          |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                                                                              | y                                       |                               |                                                     | <b>1</b> a     |        | ×        |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)                                                                                                       |                                         |                               |                                                     | 1b             |        | ×        |
| (s                                                                                                                                                                             |                                         |                               |                                                     | 1c             |        | k        |
|                                                                                                                                                                                |                                         |                               |                                                     | 1d             |        | ×        |
|                                                                                                                                                                                |                                         |                               |                                                     | 1e             |        | ×        |
|                                                                                                                                                                                |                                         |                               |                                                     |                |        |          |
| f Dividends from related organization(s)                                                                                                                                       |                                         |                               |                                                     | ŧ              |        | ×        |
| a Sale of assets to related organization(s)                                                                                                                                    |                                         |                               |                                                     | 1a             |        |          |
| Purchase of assets from related organization(s)                                                                                                                                |                                         | -                             |                                                     | ÷              |        | k        |
| Exchange of assets with related organization(s)                                                                                                                                |                                         |                               |                                                     | ÷              |        |          |
| <ul> <li>Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>                                                                                 |                                         |                               |                                                     | ; <del>;</del> |        | ×        |
|                                                                                                                                                                                |                                         |                               |                                                     | ;              |        | <b>b</b> |
| K Lease of facilities, equipment, or other assets from related organization(s)                                                                                                 |                                         |                               |                                                     | ¥              |        | 4        |
| I Performance of services or membership or fundraising solicitations for related organization(s)                                                                               | anization(s)                            |                               |                                                     | =              |        | ы        |
| m Performance of services or membership or fundraising solicitations by related organization(s)                                                                                | anization(s)                            |                               |                                                     | 1n<br>1        | _      | ×        |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                                                                                | tion(s)                                 |                               |                                                     | 1n             |        | X        |
| o Sharing of paid employees with related organization(s)                                                                                                                       |                                         |                               |                                                     | 10             |        | ×        |
|                                                                                                                                                                                |                                         |                               |                                                     |                |        |          |
| <b>p</b> Reimbursement paid to related organization(s) for expenses                                                                                                            |                                         |                               |                                                     | đ              |        | ×        |
|                                                                                                                                                                                |                                         |                               |                                                     | 1q             |        | ×        |
|                                                                                                                                                                                |                                         |                               |                                                     |                |        |          |
| r Other transfer of cash or property to related organization(s)                                                                                                                |                                         |                               |                                                     | +              | ×      |          |
| s Other transfer of cash or property from related organization(s)                                                                                                              |                                         |                               |                                                     | 1s             |        | ×        |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | who must complete th                    | nis line, including covered   | relationships and transaction thresholds.           |                |        |          |
| <b>(a)</b><br>Name of related organization                                                                                                                                     | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | <b>(d)</b><br>Method of determining amount involved | olved          |        |          |
| (1) THE WALKING CLASSROOM, LLC                                                                                                                                                 | Я                                       | 33,682.                       | PAYMENT OF LICENSE FEES                             | TO L]          | ггс    |          |
| (2)                                                                                                                                                                            |                                         |                               |                                                     |                |        |          |
| (3)                                                                                                                                                                            |                                         |                               |                                                     |                |        |          |
| (4)                                                                                                                                                                            |                                         |                               |                                                     |                |        |          |
| (5)                                                                                                                                                                            |                                         |                               |                                                     |                |        |          |
| (6)                                                                                                                                                                            |                                         |                               |                                                     |                |        |          |
| 432163 08-14-14                                                                                                                                                                | 41                                      |                               | Schedule R (Form 990) 2014                          | { (Form 9      | 90) 20 | 14       |

| 592 Page 4                             |                                                                                                                                     | gross revenue)                                                                                                                                                                                                              | (j) (k)<br>General or<br>managing<br>partner?<br>Ves No                                           |   |  |  |  | Schedule R (Form 990) 2014 |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---|--|--|--|----------------------------|
| 27-447769                              |                                                                                                                                     | y total assets or gr                                                                                                                                                                                                        | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065)                           |   |  |  |  | Schedule R                 |
|                                        |                                                                                                                                     | easured by                                                                                                                                                                                                                  | (h)<br>Dispropor-<br>tionate<br>allocations?                                                      | 8 |  |  |  |                            |
|                                        | 37.                                                                                                                                 | it of its activities (me                                                                                                                                                                                                    | (g)<br>Share of<br>end-of-year<br>assets                                                          |   |  |  |  |                            |
|                                        | 990, Part IV, line 3                                                                                                                | e than five percen                                                                                                                                                                                                          | (f)<br>Share of<br>total<br>income                                                                |   |  |  |  |                            |
|                                        | on Form                                                                                                                             | ucted mor                                                                                                                                                                                                                   | er orgs?                                                                                          |   |  |  |  |                            |
| TUTE                                   | zation answered "Yes'                                                                                                               | which the organization conducted more than five percent of its activities (measured by total assets or tain investment partnerships.                                                                                        | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) |   |  |  |  |                            |
| OOM INSTITUTE                          | nplete if the organi                                                                                                                | ip through which i<br>sion for certain inv                                                                                                                                                                                  | (c)<br>Legal domicile<br>(state or foreign<br>country)                                            |   |  |  |  |                            |
| ALKING CLASSROOM                       | ole as a Partnership Con                                                                                                            | ntity taxed as a partnersh<br>tructions regarding exclu                                                                                                                                                                     | <b>(b)</b><br>Primary activity                                                                    |   |  |  |  |                            |
| Schedule R (Form 990) 2014 THE WALKING | Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. | Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships. | (a)<br>Name, address, and EIN<br>of entity                                                        |   |  |  |  |                            |