

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



432001 11-07-14

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

	or the	2014 calendar year, or tax year beginning JUL 1, 2014 and 6		UN 30, 2015						
_	or the		enaing U							
Во	heck if pplicable	C Name of organization	_	D Employer identific	cation number					
		ddress NC, INC.								
느	change	NC, INC.								
	Name change	Doing business as EMERSON WALDORF SCHOOL		56-1	379068					
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	7					
	Final	6211 NEW JERTCHO ROAD			967-1858					
	Jreturn/ termin- ated			G Gross receipts \$	2,734,867.					
	Amend			- -						
⊨≒	اreturn اApplic	CHAPED HIDD, NC 2/510-01/1	700	H(a) Is this a group re						
<u> </u>	⊥tión pendin	F Name and address of principal officer: CHRISTINA PLYLER-WI	LDE	for subordinates						
		SAME AS C ABOVE		H(b) Are all subordinates in						
		empt status: X 501(c)(3)	r 527	If "No," attach a	list. (see instructions)					
		e: > WWW.EMERSONWALDORF.ORG		H(c) Group exemption						
K F	orm of	organization: X Corporation	L Year	of formation: 1984 N	State of legal domicile; NC					
Pa	irt I	Summary								
a	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	EMERSO	N WALDORF S	CHOOL					
ĕ		PROVIDES AN INTEGRATED WALDORF CURRICULUM	AND	ENVIRONMENT	WHICH					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets					
Š	1	Number of voting members of the governing body (Part VI, line 1a)		3	9					
Ĝ				4	8					
න්		Number of independent voting members of the governing body (Part VI, line 1b)		 1	$\frac{3}{74}$					
ë.		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	150					
: <u>`</u>	l	Total number of volunteers (estimate if necessary)		6						
Ä		Total unrelated business revenue from Part VIII, column (C), line 12		7a	14,400.					
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	2,428.					
			<u> </u>	Prior Year	Current Year					
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		56,280.	58,034.					
J.	9	Program service revenue (Part VIII, line 2g)		2,281,463.	2,540,632.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		636.	526.					
} ===	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		115,173.	95,370.					
	ı	Total revenue - add lines 8 through 11 (must equal Part VIII; column (A), line 12)		2,453,552.	2,694,562.					
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
co.		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,704,155.	1,951,683.					
Expenses	4	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
je .		Total fundraising expenses (Part IX, column (D), line 25) 43, 34	11.							
X				662,134.	692,130.					
	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	2,366,289.	2,643,813.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-							
- 0		Revenue less expenses Subtract line 18 from line 12		87,263.	50,749.					
s or			Be	ginning of Current Year	End of Year					
sset	20	Total assets (Part X, line 16)	_	2,790,652.	2,943,900.					
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)	_	1,042,456.	1,144,955.					
		Net assets or fund balances. Subtract line 21 from line 20		1,748,196.	1,798,945.					
Pa	art II	Signature Block								
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	y knowledge and belief, it is					
true,	correc	t, and complete Declaration of prepares (other than officer) is based on all information of whi	ich preparer	has any knowledge.						
		Mustina 1/Plyle-Wise		7/1/	10					
Sig	n	Signature of officer		Date						
Her		CHRISTINA PLYLER-WISE, DIRECTOR OF ADM	IRININ	RATION						
	-	Type or print name and title								
		Print/Type preparer's name Preparer's symmature	7/A	Date Check	PTIN					
Paid	,	KRISTEN HOYLE, CPA	1/1- 1	.1/25/15 if self-employe	P00118964					
	arer	Firm's name THOMAS, JUDY & TUCKER P. A.	1 - 4	Firm's EIN	56-1965804					
	Only	Firm's address 4700 FALLS OF NEUSE ROAD SUTTE 4	100	THITSEN	23 23002					
558	J.117	RALEIGH, NC 27609	- 0 0	Dhana as Q1	9-571-7055					
 -				T Filotie IIO. 3 1	X Yes No					
Mar	/ TOP IF	RS discuss this return with the preparer shown above? (see instructions)			LANTES LINO					

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2014

Form	1990 (2014) NC, INC.	56-1379068 Page 2
Par	rt III Statement of Program Service Accomplishments	
•	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	THE EMERSON WALDORF SCHOOL PROVIDES AN INTEGRATED WALDON	RF CURRICULUM
	AND ENVIRONMENT WHICH ENCOURAGE AND PROMOTE INDEPENDENT	
	SOCIAL RESPONSIBILITY AS WELL AS ACADEMIC AND ARTISTIC	
	THE UNIQUE GIFTS AND CONTRIBUTIONS OF EACH CHILD ARE HOL	NORED THROUGH A
2	Did the organization undertake any significant program services during the year which were not listed on	
	the pnor Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
•	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.	yo, the total expenses, and
	2 264 550	ue s 2,556,990.)
4a	(Code) (Expenses \$ 2,364,558. including grants of \$) (Revenue THE WALDORF EDUCATIONAL ASSOCIATION OF NORTH CAROLINA,	
	BUSINESS AS EMERSON WALDORF SCHOOL, OPERATES AS A SCHOOL	
	AND SPONSORS EDUCATIONAL ACTIVITIES IN NORTH CAROLINA BA	
	PRINCIPLES AND PHILOSOPHIES GIVEN BY RUDOLF STEINER. TH	
	PROVIDES STUDENTS A STRONG FOUNDATION IN LITERATURE, FO	
	HISTORY, GEOGRAPHY, MUSIC, FINE AND PRACTICAL ARTS, MAT	HEMATICS, AND
	SCIENCE; RESPONDS TO THE NEEDS OF THE CHILD AT EACH STA	GE OF
	DEVELOPMENT; AND PROMOTES CREATIVITY, CRITICAL THINKING	, AND A LIFELONG
	LOVE OF LEARNING. THIS FISCAL YEAR, THE SCHOOL SERVED 2	
	NURSERY SCHOOL THROUGH HIGH SCHOOL. OUR STUDENTS MEET A	
	STATE AVERAGE SAT SCORES AND ARE ROUTINELY ACCEPTED INTO	
	PUBLIC COLLEGES AND UNIVERSITIES.	
45		
4b	(Code) (Expenses \$) (Reven	ue \$)
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue \$
		
		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,364,558.	
		Form 990 (2014)

Page 3

Form **990** (2014)

Form 990 (2014) NC , INC .

Part IV Checklist of Required Schedules

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

,			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27_	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ĺ
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
	If "Yes," complete Schedule N, Part I	31	-	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		l x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
5 4	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Page 4

NC, INC.
Statements Regarding Other IRS Filings and Tax Compliance

56-1379068

Page 5

rai	Check if Schedule O contains a response or note to any line in this Part V			
-	<u> </u>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	46		
	The state of the s	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
•	(gambling) winnings to prize winners?	1c	l	
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	74		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	_
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_	X	
	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		X
b	If "Yes," enter the name of the foreign country	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	L_	Х
	,	5c	ļ	
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	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	\vdash	
7	Organizations that may receive deductible contributions under section 170(c).		X	>-
а			$\frac{\Lambda}{X}$	
ь		7b	A	 -
С		7c		x
	to file Form 8282? If "Yes " indicate the number of Forms 8282 filed during the year 7d	10		
	and the state of t	7e		X
e f		7f		X
g			t	
	the state of the s		†	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	The state of the s	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter		ļ	
а	Initiation fees and capital contributions included on Part VIII, line 12	_		ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а				
b				
	amounts due or received from them)	⊢		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	
Ь	o If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	 	+
а	·	13a	 	
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans	\dashv		
	Enter the amount of reserves on hand	14a	+-	X
14a		14a	+	 -
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		n 990	(2014

56-1379068

Form 990 (2014) NC , INC . 56-1379068 Page 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

	Chack if Schoolule A contains a response or note to any line in this Bort \/			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			
366	tion A. Governing body and management	•	Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year 9		res	NO
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent.			
	Eliter the hamber of forming members included in line (a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		Х
_	officer, director, trustee, or key employee?	2_		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		х
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	х	
6	Did the organization have members or stockholders?	├		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a	х	
_	more members of the governing body?	l a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		х
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	۳.		<u> </u>
8		8a	х	
_	The governing body? Find committee with outborts to get an habelf of the governing body?	8b	X	
Þ	Each committee with authority to act on behalf of the governing body?	-00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the internal nevertae code)		Yes	No
100	Did the experient have lead chapters branches or affiliates?	10a	163	X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	Did the organization have a written conflict of interest policy? If *No,* go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	-
	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	152		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			İ
	taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed ►NC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
-	for public inspection. Indicate how you made these available Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
-	MARY DEUTSCH - 919-967-1858			
	6211 NEW TERTOHO ROAD CHAPEL HILL NC 27516-8171			

Form 990 ((2014) NC, INC.	20-13/3000	Page
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

(A) Name and Title	(B) Average hours per	box	(C) Position (do not check more box, unless person i officer and a directo			e than one n is both an		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ė	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GEORG BUEHLER	10.00	Ţ.,		,,				0.	0.	
PRESIDENT	40.00	X	_	X	 	⊢	 	0.	0.	0.
(2) VIORICA COMANICIU	40.00	x		х				42,160.	0.	8,873.
BOARD VICE PRESIDENT & TEACHER	10.00	┢	├	^	\vdash	├	-	42,100.	<u> </u>	0,0/3
(3) REBECCA ROGERS TREASURER	10.00	x		x				0.	0.	0.
(4) CATHERINE BELITSKY	5.00	╇	├	₽	-	\vdash	\vdash			
BOARD MEMBER	3.00	x						0.	0.	0.
(5) KAREN DUROVICH	5.00	 ^		\vdash	-	\vdash	\vdash	 		•
BOARD MEMBER	- 310 0	x						0.	0.	0.
(6) KEITH BARTHOLOMEW	5.00			\vdash	_	l				
BOARD MEMBER		\mathbf{x}						0.	0.	0.
(7) JACOB HAAS	5.00			<u> </u>						
BOARD MEMBER		X				ŀ	i	0.	0.	0.
(8) ROBERT MARCHMAN	5.00									_
BOARD MEMBER		X	L			L_		0.	0.	0.
(9) BEVERLY STEVENSON	5.00				1	1]		
BOARD MEMBER		X	┕	<u> </u>		╙		0.	0.	0.
(10) STEVE BENNETT	40.00						1	40 504		
DIRECTOR OF ADMINISTRATION		╙	<u> </u>	X	_	╙	ļ	48,531.	0.	7,478
		┨								
		一	 		-					
			$oxed{igspace}$	_	_					<u> </u>
		┨								
-							Γ			<u> </u>
		┞-	<u> </u>		L	\vdash	<u> </u>			
		\mathbf{I}								
		厂				Γ				
		+-	+-		\vdash	-	\vdash			<u> </u>
		1				4		I .	i .	

1270060

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	

Page 9

Check if Schedule O contains a response or note to any line in the Part VIII (A) (B) (C)	Pa	πν	111			or note to any lir	ne in this Part VIII			
2 a TUITTON, NET 51710 2, 312, 390. 2, 312, 390.				Check in Schedule 3 cont	ans a response	or note to any in	(A)	Related or exempt function	Unrelated business	from tax under
2 a TUITTON, NET 51710 2, 312, 390. 2, 312, 390.	nts nts	1	а	Federated campaigns	1a					
2 a TUITTON, NET 51710 2, 312, 390. 2, 312, 390.	e a		b	Membership dues	1b					
2 a TUITTON, NET 51710 2, 312, 390. 2, 312, 390.	ions, Gifts, Gr Similar Amo		С	Fundraising events	1c					
2 a TUITTON, NET 51710 2, 312, 390. 2, 312, 390.					1d					
2 a TUITTON, NET 51710 2, 312, 390. 2, 312, 390.	S,E		е	Government grants (contribut	ions) 1e					
2 a TUITTON, NET 51710 2, 312, 390. 2, 312, 390.	tion		f	All other contributions, gifts, gran	ts, and					
2 a TUITTON, NET 51710 2, 312, 390. 2, 312, 390.	t pg			similar amounts not included abo	ve 1f	58,034.				
2 a TUITTON, NET 51710 2, 312, 390. 2, 312, 390.			g	Noncash contributions included in lines	1a-1f \$		1			-
2 a TUITTON, NET 51710 2, 312, 390. 2, 312, 390.	a C		h	Total. Add lines 1a-1f			58,034.			
2 a TUTITION, NET 611710 2, 312, 390. 2, 312, 390. 5						Business Code				
A	e.	2	а	TUITION, NET		611710	2,312,390.	2,312,390.		
A	ž.		b	OTHER STUDENT P	REVENUE	611710	161,815.	161,815.		
A	SE		С	FACILITY MAINTE	NANCE F	611710	60,022.	60,022.		
Total, Add lines 2a-2f	ат		d	PARENT ORGANIZA	TION DU	611710	6,405.	6,405.		
Total, Add lines 2a-2f	Pogr		е		· -					
3 Investment income (including dividends, interest, and other similar amounts) 526 526 526	<u>q</u>		f	All other program service reve	enue					
Second S			g	Total. Add lines 2a-2f		•	2,540,632.			
A Income from Investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 14,400. b Less rental expenses		3		Investment income (including	dividends, intere	est, and				_
From the property of the part of the property				other similar amounts)		>	526.			526.
(i) Real (ii) Personal 14,400.		4		Income from investment of ta	x-exempt bond p	oroceeds >				
14,400. 0. 14,400.		5		Royalties		>				
b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less direct expenses c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE 12 Total revenue, See instructions. 14,400. 14,400. 14,400. 14,400. 14,400. 14,400. 14,400. 14,400. 14,400. 14,400. 14,400. 14,400. 14,400. 16,358. 16,358. 16,358. 2,694,562.2,556,990. 14,400. 65,138.						(ii) Personal				
c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$		6	а	Gross rents	14,400.					
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$			b	Less rental expenses						
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) from fundraising events or contributions reported on line 1c). See Part IV, line 18 a 104,917. d 40,305. d 40,30			С	Rental income or (loss)	14,400.					A AMERICAN TO THE PART OF THE
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE 14 other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 15 other income. See instructions. 16 other income. See instructions. 17 other income. See instructions. 18 other income. See instructions.			d	Net rental income or (loss)		•	14,400.		14,400.	
b Less: cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		7	а	Gross amount from sales of	(i) Securities	(ii) Other		•		
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$				assets other than inventory						
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE 611710 16,358. 16,358. 16,358. 16,358. 16,358.			b	Less: cost or other basis	i					
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				and sales expenses						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less' direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE b C d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 8 a Gross sincome from fundraising events a loud, 917. 40,305. 64,612. 64,612. 64,612. 64,612. 64,612. 64,612. 64,612. 64,612. 64,612. 64,612. 64,612. 64,612. 64,612. 64,612. 64,612. 64,612. 64,612. 64,612.			С	Gain or (loss)						
Including \$				• , ,		<u> </u>				
Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE 611710 16,358. 16,358. 16,358. 16,358. 16,358. 16,358.	ē	8	а	Gross income from fundraisin	g events (not	Ì	1	1		
Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE 611710 16,358. 16,358. 16,358. 16,358. 16,358. 16,358.	en			including \$	of					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE 611710 16,358. 16,358. 16,358. 16,358. 16,358.	9			contributions reported on line	1c). See					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE 611710 16,358. 16,358. 16,358. 16,358. 16,358.	ē			Part IV, line 18	а					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE 611710 16,358. 16,358. 16,358. 16,358. 16,358.	Ę.		b	Less: direct expenses	b	40,305.				
Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE 11 a OTHER REVENUE 4 All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 5 a 16 , 358 . 16 , 358 . 16 , 358 . 17 a Day 18 da	_	i i		• •	-	<u> </u>	64,612.			04,012.
b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE 611710 16,358. 16,358. 16,358. 16,358. 16,358. 17 Total revenue. See instructions.		9	а				1			
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER REVENUE 611710 16,358. 16,358. 16,358. 16,358. 16,358. 16,358.							-			
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER REVENUE 611710 16,358. 16,358. 4 All other revenue Total. Add lines 11a-11d Total revenue. See instructions. 10 a Gross sales of inventory and all other sales of inventory					-		1		-	İ
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER REVENUE 611710 16,358. 16,358. 4 All other revenue Total. Add lines 11a-11d Total revenue. See instructions. 12 Total revenue. See instructions.				, ,	•					
b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER REVENUE 611710 16,358. b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. b 16,358. 16,358. 16,358. 16,358.		10	а	-						
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER REVENUE 611710 b 16,358. c 4 All other revenue e Total. Add lines 11a-11d 16,358. 12 Total revenue. See instructions. 2,694,562.2,556,990. 14,400.							-	•		
Miscellaneous Revenue Business Code				-	_	'L	ł			
11 a OTHER REVENUE 611710 16,358. 16,358. b		⊢	<u>c</u>	<u>.</u>		P	 			
b		 _	_		ie			16 358		
c d All other revenue e Total. Add lines 11a-11d ► 16,358. 12 Total revenue. See instructions. ► 2,694,562.2,556,990. 14,400. 65,138.		''		OTHER KEVENUE		1 0 1 1 / 1 0	10,330.	10,330.		
d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. b 16,358. 2,694,562.2,556,990. 14,400. 65,138.										
e Total. Add lines 11a-11d Total revenue. See instructions. 10			Ξ.	All other revenue		 	-			<u> </u>
12 Total revenue. See instructions. > 2,694,562.2,556,990. 14,400. 65,138.			_				16 358			
		12	Ð						14.400.	65.138.
	43200			i o voneo. Oco mondonomo.			_, ,	_,_,_,,,,,,,,		Form 990 (2014)

Part IX Statement of Functional Expenses

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 (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 108,373. 4,921. 1,230. 114,524. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 30,640. $1,\overline{488,101}$ 1,334,900. 122,561 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 207,731 19,274. 231,824. 4,819. Other employee benefits 2,345. 117,234. 105,510 9,379. 10 Payroll taxes Fees for services (non-employees): a Management Legal 13,000. 6,500. 6,500. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 1,739. 78,266. 6,957. 86,962. column (A) amount, list line 11g expenses on Sch O.) 42,494. 42,494. Advertising and promotion 12 96,755. 93,708. 2,551. 496. 13 Office expenses 18,840. 18,840. 14 Information technology Royalties 15 73,703. 70,110 3,593. 16 Occupancy 27,439. 27,439. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 8,206. 8,206. 19 Conferences, conventions, and meetings 25,442. 26,598. 1,156. 20 21 Payments to affiliates 92,457. 88,437. 4,020. 22 Depreciation, depletion, and amortization 28,271. 1,285. 29,556. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 453. 394 50 INCOME TAXES REPAIRS AND MAINTENANCE 111,503. 106,655. 4,848. <u>o.</u> 21,902. 21,902. c DUES AND SUBSCRIPTIONS 21,402. 21,402. d PROFESSIONAL DEVELOPMEN 2,063. 20,860. 12,472. 6,325. e All other expenses 2,364,558. 235,914. 43,341. Total functional expenses. Add lines 1 through 24e 2,643,813. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

56-1379068 Page 11 NC, INC.

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	88,025.	1	145,372.
	2	Savings and temporary cash investments	159,313.	2	219,415.
	з	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	36,122.	4	38,707.
	5	Loans and other receivables from current and former officers, directors,			1
		trustees, key employees, and highest compensated employees. Complete	;		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			**
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	,		, , , , , ,
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	4,313.	7	0.
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,151.	9	22,528.
	i .	Land, buildings, and equipment cost or other			4
		basis Complete Part VI of Schedule D 10a 3,504,411			
	Ь	Less accumulated depreciation 10b 1,000,559.	2,473,123.	10c	2,503,852.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	6,605.	15	14,026.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,790,652.	16	2,943,900.
	17	Accounts payable and accrued expenses	19,294.	17	121,440.
	18	Grants payable		18	
	19	Deferred revenue	199,897.	19	234,780.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,	*	``	· , ^^ ,
Ħ		key employees, highest compensated employees, and disqualified persons	W		* ***** ***** *****
Liabilities		Complete Part II of Schedule L	000 065	22	700 725
	23	Secured mortgages and notes payable to unrelated third parties	823,265.	23	788,735.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,042,456.	25 26	1,144,955.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	1,042,430.	26	1,144,000.
	ļ	, , , , , , , , , , , , , , , , , , ,			
Ces		complete lines 27 through 29, and lines 33 and 34.	1,639,810.	27	1,673,671.
lan	27	Unrestricted net assets	108,386.	28	125,274.
8	28 29	Temporarily restricted net assets	200,3001	29	
Ē	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		23	
Ē		and complete lines 30 through 34.			
Net Assets or Fund Balances	20	Capital stock or trust principal, or current funds		30	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	31	Retained earnings, endowment, accumulated income, or other funds		32	
S	32	Total net assets or fund balances	1,748,196.	33	1,798,945.
	34	Total liabilities and net assets/fund balances	2,790,652.		2,943,900.
	104	rotal habilities and flet assets fund balaffees		,	Form 990 (2014)

Form	990 (2014) NC, INC.	26-1	13/9068	Pag	<u>ge 12</u>
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·			<u> </u>
			0.00	_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,694	1,5	62.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,643		
3	Revenue less expenses Subtract line 2 from line 1	3			49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,748	3,1	<u>96.</u>
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	1,798	3,9	<u>45.</u>
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		_		İ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	∌ O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1		l '
	separate basis, consolidated basis, or both:		1 1		,
	Separate basis Consolidated basis Both consolidated and separate basis		ll.		
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 separa	te basıs,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			ŝ	١ ,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			1
	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	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		nt		
	Act and OMB Circular A-133?		3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audi	t		
_	and the samples where Schoolide O and december any stone tolken to undergo such sudite		36		

Form **990** (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

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

THE WALDORF EDUCATIONAL ASSOCIATION OF Employee

Employer identification number 56-1379068

D.			Charity Ctatus					0-13/3000	
	ırt l	Reason for Public (
The	organ	ization is not a private found		-	-				
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	X	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 se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospita	I described	d ın sectio	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 owner	d or opera	ted by a ge	overnmental unit describ	ped in	
		section 170(b)(1)(A)(iv). (C	Complete Part II)	-	•				
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	一	An organization that norma	-					public described in	
•		section 170(b)(1)(A)(vi). (C	-	. mai part of no oopport			ann an an ganara	, , , , , , , , , , , , , , , , , , , 	
8		A community trust describe	•	(1)(A)(vi) (Complete Par	+ 11 \				
9	一	An organization that norma				contributiv	one memberehin fees a	and arose receipts from	
9	ш								
		activities related to its exen	•	•			= =	-	
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	ired by the organization	after June 30, 1975	
		See section 509(a)(2). (Cor	•						
10	H	An organization organized a	•		_				
11	لـــا	An organization organized a	•	=	-		•		
		more publicly supported or	-					Check the box in	
		lines 11a through 11d that	describes the type o	f supporting organization	n and com	iplete lines	s 11e, 11f, and 11g.		
а	ــا ١	☐ Type I. A supporting organical interpretation. ☐ Type I. A supporting organical interpr	anization operated, s	upervised, or controlled	by its sup	ported org	janization(s), typically by	giving	
		the supported organization	• •	• , .,	a majority	of the dire	ctors or trustees of the s	supporting	
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b	· L.	☐ Type II. A supporting org.	anızatıon supervised	l or controlled in connec	tion with it	s supporte	ed organization(s), by ha	ving	
		control or management o	f the supporting org	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C	:	Type III functionally inte	grated. A supportin	g organization operated	ın connec	tion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ctions A,	D, and E.		
d	. 🗀	Type III non-functionally	y integrated. A supp	orting organization opei	rated in co	nnection v	vith its supported organi	zation(s)	
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness	
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	s A and D,	and Part	v .		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or							
f	Ente	er the number of supported o	• •						
c		vide the following information		ed organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(IV) Is the o		(v) Amount of monetary	(vi) Amount of	
		organization		(described on lines 1.9		n your document?	support (see	other support (see	
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)	
				,					
					 				
					1				
					 		· · · · · · · · · · · · · · · · · · ·		
			1		1			I	

15

Schedule A (Form 990 or 990-EZ) 2014

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 NC, INC. 56-13790

[Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

56-1379068 Page 2

<u> </u>	(Complete only if you checke				on failed to qualify	under Part III If the	e organization
	fails to qualify under the tests	listed below, plea	se complete Part	: III)			
Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						<u> </u>
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a			1		1	
	governmental unit or publicly						1
	supported organization) included					<i>'</i>	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				<u> </u>		
6	Public support. Subtract line 5 from line 4	Y		<u> </u>			
Se	ction B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	'					
	securities loans, rents, royalties				İ		
	and income from similar sources					ļ <u>.</u>	
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					
	assets (Explain in Part VI.)				<u> </u>		
11	Total support. Add lines 7 through 10		<u></u> .	<u> </u>	<u> </u>	<u> </u>	J
12	Gross receipts from related activities	•				12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, th	ırd, fourth, or fifth	tax year as a secti	on 501(c)(3)	. —
<u> </u>	organization, check this box and sto	here	roontoro				
	ction C. Computation of Pub					144	
	Public support percentage for 2014 (column (f))		14	%
	Public support percentage from 2013				. 4.4 00.4/00/	15	<u>%</u>
168	33 1/3% support test - 2014. If the				e 14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies				ud line 15 in 22 4 /01	04 or more sheets	hie hov
t	33 1/3% support test - 2013. If the				id line 15 is 33 1/3	% or more, check t	riis box
	and stop here. The organization qua				00 12 160 0×165	and line 14 is 1004	or more
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "factoring and supplied					ait villow the orga	I II Zation
	meets the "facts-and-circumstances"					r 17a and lina 15 ia	1096 or
	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
40	organization meets the "facts-and-cir Private foundation. If the organization						
10	riivate iounuation. Il the organizatio	on did not check a	DUA UIT III TO, T	oa, roo _i r <u>a, or r</u>	ro, oricon una dox	and see manache	

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

800	ction A. Public Support	elow, please com	piete Part II)				
		(-) 00/2	4100::	1-1-00/-	(.0.0010	1.1.0011	(E.T.)
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						ļ
3	Gross receipts from activities that				1		
	are not an unrelated trade or bus-				1		
	iness under section 513				<u> </u>	<u> </u>	ļ
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u></u>				
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				1		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)			`			
	ction B. Total Support		1,		/. ` 	<u> </u>	
-	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	12/2010	12/2011	15/2012	1 12/2010	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	17.2.2.
_	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income		 			1	
10	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	· ·		+			<u></u>	
	Add lines 10a and 10b Net income from unrelated business	· · · · · · · · · · · · · · · · · · ·	+				l
• •	activities not included in line 10b,						!
	whether or not the business is						
10	regularly carried on		 				
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)		 				
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>		L	L	L
14	First five years. If the Form 990 is for	the organization	's first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here	 -	 -				▶□
	ction C. Computation of Publ						
	Public support percentage for 2014 (I		•	column (f))		15	%
_	Public support percentage from 2013					16	%
	ction D. Computation of Inves					, , ,	
17	Investment income percentage for 20	14 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from 2	2013 Schedule A,	, Part III, line 17			18	%
19a	33 1/3% support tests - 2014. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. Th	e organization qua	ifies as a publicly	supported organiz	zation	
b	33 1/3% support tests - 2013. If the	organization did	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The orga	anization qualifies	as a publicly supp	oorted organization	• ▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶ □

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.)

S	ection A.	All S	upporting	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
- 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)

	Yes	No
		;
1		
2		_
3a		
	·	
3ь		,
3c		
4a		
4b		
4c		
		-
		:
5a		
5b		
5c		
		` ,
ļ		r
6		-
7		
8		
9a		
9b		_
9c		
10a		
10b		
990 or 99	0-EZ)	2014

		<u>56-137906</u>	8 P	age 5
	rt 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	Ь	<u> </u>
	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		
<u>Sec</u>	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,		1	
	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		<u> </u>
Sec	tion C. Type II Supporting Organizations		Τ.,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	1
	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	J	<u> </u>
Sec	tion D. Type III Supporting Organizations		TV.	I
			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	1		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-	+	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1	1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
_	the organization maintained a close and continuous working relationship with the supported organization(s)		+	
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	3	-	-
500	supported organizations played in this regard tion E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	1
_	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Ins			
1	The organization satisfied the Activities Test. Complete line 2	uucuonsj:		
a b	The organization satisfied the Activities rest. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	tv (see instruction	s)	
2	Activities Test Answer (a) and (b) below.	, ,	Yes	No
a	and the second s			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in part VI identify			
	how there activities directly furthered their exempt purposes			
	those supported organizations and explain now triese activities directly furthered tries exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	1		İ
	that these activities constituted substantially all of its activities.	2a		L
b	The state of the s			
_	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	<u></u>	\perp
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
а	man to the state of the state of the state of the afficiency displacement of the afficiency displacement of the state of t			
ű	trustees of each of the supported organizations? Provide details in part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
•	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u>L</u>	
		A (Form 990 or 9	∞ E 7	1 0044

THE WALDORF EDUCATIONAL ASSOCIATION OF Schedule A (Form 990 or 990-EZ) 2014 NC, INC. 56-1379068 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 Recovenes of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year). a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year

Leck here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Cahadula	A (Earm 000	or 000-E71	201/

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions).

	dule A (Form 990 or 990 EZ) 2014 NC , INC .	() (0) 0		0-13/9008 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	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 the	ne 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			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			!
3	Excess distributions carryover, if any, to 2014			
a	Excess distributions darry over, in arry, to 2011			
_ <u>_</u>		*		
c			<u> </u>	
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			ı
	Applied to 2014 distributable amount			
	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: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	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			
a				,
<u>b</u>				
<u> </u>				
	Excess from 2013			
_ е	Excess from 2014	<u></u>	<u> </u>	<u></u>

Schedule A (Form 990 or 990-EZ) 2014

	Supplementa	i intormation. P	Provide the explan:	ations required by F	Part II, line 10: Part I	II. line 17a or 17b: and	Part III. line 12
 -	Also complete the	part for any addition	onal information (See instructions)	urt 11, 11110 10, 1 urt	56-1 I, line 17a or 17b; and	, a,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Also complete tris	s part for any addition	onar anormation. (See instructions)			
					·		
_				=-			
·				·····		· 	
			·				
							
							
				· · · · · · · · · · · · · · · · · · ·			
		·	· -		· 		
							
							
					· · · · · ·	···········	
							<u></u>
				· · · · ·			
							
		·					

SCHEDULE D

Department of the Treasury Internal Revenue Service

(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/form990.

THE WALDORF EDUCATIONAL ASSOCIATION OF Emplo

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

NC INC.

Employer identification number 56-1379068

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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 that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		d only
	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	,	Yes No
Pai		ganization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	· — — · · · · · · · · · · · · · · · · ·	ully important land area
	Protection of natural habitat	Preservation of a certified	- •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired	, ,	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	janization during the tax
	year >	, , ,	, g
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	g the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o	The state of the s	r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1		\$
Þ	Assets included in Form 990, Part X		> \$

Sche	dule D (Form 990) 2014 NC, INC	•			_		<u>56-13</u>	<u>79068</u>	Page 2
Par	t III Organizations Maintaining C	collections of Art,	Historical Tr	easures, o	r Other	r Simila	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other records,	check any of the	following that	t are a sig	ınıfıcant ı	use of its	collection	tems
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	ms				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	ow they further t	he organizatio	on's exem	npt purpo	se in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations of a	art, historical trea	sures, or othe	er sımılar a	assets			
	to be sold to raise funds rather than to be mi	aintained as part of the	organization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Complete	if the organization	n answered "	Yes" to F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21	_						
1a	Is the organization an agent, trustee, custod	an or other intermediar	y for contribution	ns or other as:	sets not ii	ncluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table:						
	•							Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line 21	, for escrow or c	ustodial accoi	unt liabilit	y?		Yes	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the expla	anation has been	provided in F	Part XIII				
Par).			
		(a) Current year	(b) Prior year	(c) Two years	s back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance						1		
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs				ļ				
f	Administrative expenses								
g	End of year balance				-				
2	Provide the estimated percentage of the cur	rent year end balance (line 1g, column (a	a)) held as					
а	Board designated or quasi-endowment	9	6						
b	Permanent endowment	%							
C	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%							
За	Are there endowment funds not in the posse	ession of the organization	on that are held a	ind administer	red for th	e organız	ation		
	by.							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organization:	s listed as required on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endowr	ment funds.						
Pai	t VI Land, Buildings, and Equipm	nent.				·			
	Complete if the organization answere	d "Yes" to Form 990, P	art IV, line 11a. S	ee Form 990,	Part X, III	ne 10.			
	Description of property	(a) Cost or other		or other	(c) Acc	cumulate	d T	(d) Book	value
		basis (investmer		(other)	depi	reciation			
1a	Land			1,703.					,703.
b	Buildings		2,53	2,682.	8	62,10	68.	1,670	,514.
c	Leasehold improvements								
d	Equipment			7,935.		65,0			,879.
e	Other		13	2,091.		73,3			,756.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	column (B), line	10c)				2,503	,852.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 NC, INC.			56	-1379068 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" t				1 - 4 · · · · · · · · · · · · · · · · · ·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation. Cost or end	l-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"				I -6
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		1		
Part IX Other Assets.				
Complete if the organization answered "Yes"		line 11d. See Form 990,	Part X, line 15	(h) Dealessales
(a) (Description		-	(b) Book value
(1)				<u></u>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV,		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			ĺ	
(2)				
(3)			l	
(4)			1	
(5)			1	
(6)		· · · · · · · · · · · · · · · · · · ·	-	
(7)				
(8)				
(9)		,		
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 25) ▶			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footn	ote to the organization's	financial statements	that reports the

Schedule D (Form 990) 2014

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

56-1379068 Page 4 NC, INC. Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 2,734,867. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recovenes of prior year grants 2c 40,305. d Other (Describe in Part XIII.) 2d 40,305. e Add lines 2a through 2d 2e 2,694,562. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 2.694Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 2,684,118. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX, line 25: Donated services and use of facilities 2a 2b **b** Prior year adjustments 2c c Other losses 40,305. d Other (Describe in Part XIII) 2d 40,305. e Add lines 2a through 2d 2e 2,643,813. 3 Subtract line 2e from line 1 Amounts included on Form 990. Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b **b** Other (Describe in Part XIII) n c Add lines 4a and 4b 4c 2,643, Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE SCHOOL HAS ADOPTED THE PROVISIONS OF FASB ASC 740, INCOME TAXES. USING THIS GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2015, THE SCHOOL HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE SCHOOL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

THE WALDORF EDUCATIONAL ASSOCIATION OF 56-1379068 Page 5 NC, INC. Schedule D (Form 990) 2014 Part XIII Supplemental Information (continued) PART XI, LINE 2D - OTHER ADJUSTMENTS: 40,305. DIRECT FUNDRAISING EXPENSES PART XII, LINE 2D - OTHER ADJUSTMENTS: 40,305. . DIRECT FUNDRAISING EXPENSES

SCHEDULE E

(Form 990 or 990-EZ)

Schools

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

2014

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

NC,

INC.

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www. irs. gov/form990
THE WALDORF EDUCATIONAL ASSOCIATION OF Emplo

Open to Public Inspection

Employer identification number

56-1379068

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, X other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, X catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain. X If you need more space, use Part II 3 THE ORGANIZATIONS RACIALLY NONDISCRIMINATORY POLICY IS AVAILABLE ON THE SCHOOL'S WEBSITE AS WELL AS IN ENROLLMENT PACKETS. Does the organization maintain the following? X 4a a Records indicating the racial composition of the student body, faculty, and administrative staff? X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student X admissions, programs, and scholarships? 4¢ X 4d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II. Does the organization discriminate by race in any way with respect to. X a Students' rights or privileges? 5a X b Admissions policies? 5b $\overline{\mathbf{x}}$ 50 c Employment of faculty or administrative staff? X d Scholarships or other financial assistance? 5d X 5e e Educational policies? X 5f f Use of facilities? X g Athletic programs? 59 X 5h h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a X 6b b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of

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

Rev. Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," explain on Part II

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

Schedule E	(Form 990 or 990-EZ) (2014) NC ,	INC.	56-1379068 Page
Part II	Supplemental Information	INC. n. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	7, as applicable
·	Also provide any other additional	information.	
			··· · · · · · · · · · · · · · · · · ·
			
			
		 	
			· · · · · · · · · · · · · · · · · · ·
	·		
			······································
			
			

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE WAL NC , INC	Employer identification number 56-1379068											
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.												
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a												
(i) Name and address of individual or entity (fundraiser)	I (III) ACTIVITY I have custody I						(vi) Amount paid to (or retained by) organization					
		Yes	No			,.						
· · · · · · · · · · · · · · · · · · ·												
							<u> </u>					
												
						·· · · · · · · · · · · · · · · · · · ·						
Total												
List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	outions	s or has been notifie	d it is	exempt from re	egistration					
	· · · · · · · · · · · · · · · · · · ·					 -	· · · · · · · · · · · · · · · · · · ·					

		e G (Form 990 or 990-EZ) 2014 NC , INC		15V 11 5 000 D	56-	1379068 Page 2				
Pa	irt l	Fundraising Events. Complete if the of fundraising event contributions and gr								
	1		(a) Event #1	(b) Event #2 HOLIDAY	(c) Other events	(d) Total events (add col (a) through				
			AUCTION	FAIRE	4	col (c))				
ρ			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	26,675.	17,478.	60,764.	104,917.				
	2	Less: Contributions	<u> </u>							
	3	Gross income (line 1 minus line 2)	26,675.	17,478.	60,764.	104,917.				
	4	Cash prizes								
es	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs								
Irect E	7	Food and beverages	1,838.	795.		2,633.				
	8	Entertainment	1,250.			1,250. 36,422.				
	9	Other direct expenses	5,058.	4,457.	26,907.	36,422. 40,305.				
10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d)										
Pa	rt			990, Part IV, line 19, or r	eported more than	64,612.				
		\$15,000 on Form 990-EZ, line 6a.	<u></u>	, · · · · · · · · · · · · · · · · · · ·						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))				
Be	1	Gross revenue								
S	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct E	4	Rent/facility costs			·					
بيا	5	Other direct expenses								
	3_	Other direct expenses	☐ Yes %	Yes %	Yes %					
	6	Volunteer labor	□ No	□ No	□ No	,				
	7	Direct expense summary Add lines 2 through	h 5 in column (d)		•					
	8_	Net gaming income summary Subtract line 7	from line 1, column (d)							
•	-	ear the etato(a) is which the expension condi	usto gomine ostudios:							
		er the state(s) in which the organization condi he organization licensed to conduct gaming a	·	states?		Yes No				
b	If "	No," explain.								
	_									
		re any of the organization's gaming licenses re Yes," explain:	•		/ear?	Yes No				
	_									
	_									
4320	B2 08	l-28-14			Schedule G (For	m 990 or 990-EZ) 2014				

THE WALDORF EDUCATIONAL ASSOCIATION OF 56-1379068 Page 3 Schedule G (Form 990 or 990-EZ) 2014 NC, INC. 11 Does the organization conduct gaming activities with nonmembers? 12 `Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed Yes No to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name > 16 Gaming manager information: Name > Gaming manager compensation ▶ \$_____ Description of services provided Director/officer Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$

110		r mation. Provide the ex s applicable. Also provi		•		u rait iii, iiiies s, si	, 100,
			·				
					_ _		-
_							_
							_
	 						
							

Schedule G	(Form 990 or 990-FZ)			EDUCATIONAL	ASSOCIATION OF	56-1379068 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation	(continued)			
•			···			
				 		
						
						
			- 			
	<u></u>					
						
						
			-			
						
						
						
						
				<u> </u>		····
					·····	
						
						
						- <u></u>

SCHEDULE L

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ➤ Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

Name of the organization

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE WALDORF EDUCATIONAL ASSOCIATION OF

Employer identification number

	N	C, INC	3.								56	-13	790	68		
Part I	Excess Bene	fit Trans	acti	ons (section 50	01(c)(3), sect	ion 501	(c)(4), and 50)1(c)	(29) organization	ns only	/).			-	
	Complete if the o	organization	ansv	vered "Yes" on I	Form 9	90, Pa	art IV, lir	ne 25a or 25t	o, or	Form 990-EZ, P.	art V,	line 40	b			
(a) Name of disqualified person person and organization						lified	(c) Description of transaction						(d) Corrected?			
(a) Ivaii	e oi disquaimed p	erson	person and organization						., 0			···		Y	s	No
														4	_	
	 															
							<u> </u>				-			+	\dashv	
				 										+	+	
								, <u>.</u>						+-	+	
section	ne amount of tax,	ıf any, on tır	ne 2, a	above, reimburs	ed by	the or			nng	the year under		▶ \$ ▶ \$				
Part II	Loans to and	or From	ı Int	erested Per	sons											
	Complete if the c	organization	ansv	vered "Yes" on I	Form 9	990-EZ	, Part V	, line 38a or l	orn	n 990, Part IV, lin	ie 26;	or if th	e orga	nızatı	on	
	reported an amo				3, or 2	2.										
(a) Name of (b) Relation							e) Original (f) Balance due			(g) In default?		(h) Approve by board or			ritten ment?	
interested person with organ		with organiz	Zauuii of loan organiza		anzadon		cipal amount				r –	cómm				
		ļ			То	From					Yes	No	Yes	No	Yes	No
								-								
					ļ	<u> </u>			-							<u> </u>
					1											
																<u> </u>
		ļ					ļ				<u> </u>	ļ				<u> </u>
		<u> </u>					<u> </u>		<u> </u>		 -					ļ
									 							
Fo.t.ol		l		<u> </u>		<u> </u>	<u> </u>	▶ \$	_		 					<u> </u>
rotal Part III	Grants or As	sistance	Ber	nefiting Inter	reste	d Pe	rsons				L		<u> </u>			
	Complete if the c	organization	ansv	vered "Yes" on	Form 9	990, Pa	art IV, lır	ne 27.								
(a) Na	me of interested p			(b) Relationship				(c) Amount of (d) Type							Purpose of	
			interested person and the organization			a	assistance			assistance		assistance				
								16,195 TUITION		REM	ISR	EDU	CTI	ON	IN	
			\bot				<u> </u>	40,05	0.	TUITION	ASS	ISR	EDU	CTI	ON	TN
			┼				ļ			ļ						
		····	+				 					-+				
			+-				 			-		\dashv				
			+				 								-	
			1													
											_	- 1	_	-		

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

Schedule L (Form 990 or 990-EZ) 2014 .

SEE PART V FOR CONTINUATIONS

56-1379068 Page 2 Schedule L'(Form 990 or 990-EZ) 2014 NC, INC. Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of organization's (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of person and the organization transaction transaction revenues? Yes No Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS: (C) AMOUNT OF GRANT \$ 16,195. (D) TYPE OF ASSISTANCE: TUITION REMISSION (E) PURPOSE OF ASSISTANCE: REDUCTION IN TUITION FOR OFFICERS (C) AMOUNT OF GRANT \$ 40,050. TYPE OF ASSISTANCE: TUITION ASSISTANCE (E) PURPOSE OF ASSISTANCE: REDUCTION IN TUITION FOR BOARD MEMBERS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

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

THE WALDORF EDUCATIONAL ASSOCIATION OF NC INC.

Employer identification number 56-1379068

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENCOURAGE AND PROMOTE INDEPENDENT THINKING AND SOCIAL RESPONSIBILITY AS WELL AS ACADEMIC AND ARTISTIC EXCELLENCE. THE UNIQUE GIFTS AND CONTRIBUTIONS OF EACH CHILD ARE HONORED THROUGH A DEVELOPMENTALLY APPROPRIATE AWAKENING OF THINKING, FEELING, AND WILLING, FURTHER, THE EMERSON WALDORF SCHOOL UNDERSTANDS CHILDREN AS BEINGS OF BODY, SOUL, AND SPIRIT, AND GUIDES THEM TO DEVELOP COMPASSION AND REVERENCE FOR THEMSELVES AND THE WORLD COMMUNITY. THE EMERSON WALDORF SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, OR NATIONAL OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS EDUCATION POLICIES, ADMISSIONS POLICIES, TUITION ADJUSTMENT PROGRAM, ATHLETIC, OR OTHER SCHOOL ADMINISTERED PROGRAMS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DEVELOPMENTALLY APPROPRIATE AWAKENING OF THINKING, FEELING, AND WILLING. FURTHER, THE EMERSON WALDORF SCHOOL UNDERSTANDS CHILDREN AS BEINGS OF BODY, SOUL, AND SPIRIT, AND GUIDES THEM TO DEVELOP COMPASSION AND REVERENCE FOR THEMSELVES AND THE WORLD COMMUNITY. THE EMERSON WALDORF SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, OR NATIONAL OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS EDUCATION POLICIES, ADMISSIONS POLICIES, TUITION ADJUSTMENT PROGRAM, ATHLETIC, OR OTHER SCHOOL ADMINISTERED PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 6:

ARTICLE IV OF THE WALDORF EDUCATIONAL ASSOCIATION OF NORTH CAROLINA BYLAWS

DEFINES MEMBERS OF THE ORGANIZATION AS PEOPLE WHO DECLARE THEMSELVES

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

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

COMMITTEE.

Name of the organization THE WALDORF EDUCATIONAL ASSOCIATION OF NC, INC.

Employer identification number 56-1379068

MEMBERS, PAY AN ANNUAL FEE, AND ARE WILLING TO SERVE ON A WORKING

FORM 990, PART VI, SECTION A, LINE 7A:

ARTICLE IV OF THE WALDORF EDUCATIONAL ASSOCIATION OF NORTH CAROLINA (WEANC) BYLAWS DEFINES MEMBERS OF THE ORGANIZATION AS PEOPLE WHO DECLARE THEMSELVES MEMBERS, PAY AN ANNUAL FEE, AND ARE WILLING TO SERVE ON A WORKING ALL PARENTS OF CURRENT EWS STUDENTS WHO ATTEND THE ANNUAL WEANC COMMITTEE. MEETING ARE CONSIDERED TO HAVE MET THESE REQUIREMENTS. ARTICLE V OF THE WEANC BYLAWS GRANTS MEMBERS THE RIGHT TO ELECT ONE OR MORE PARENT REPRESENTATIVES TO THE BOARD OF DIRECTORS, THE GOVERNING BODY OF WEANC, AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11:

THE DRAFT 990 IS PROVIDED TO FINANCE DIRECTOR, ADMINISTRATOR, TREASURER AND FINANCE/AUDIT COMMITTEE FOR REVIEW. AFTER ANY CORRECTIONS ARE MADE, 990 IS PRESENTED TO THE FULL BOARD PRIOR TO FILING.

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

ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO SIGN A STATEMENT ACKNOWLEDGING THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY KNOWN CONFLICTS OF INTEREST. THESE STATEMENTS ARE SIGNED EVERY YEAR AT THE TIME WHEN THE BOARD SERVICE HAS BEGUN OR IS RENEWED (USUSALLY IN THE LAST FULL BOARD MEETING OF THE YEAR).

THE COMMITTEE ON DIRECTORS INQUIRS ABOUT ANY POTENTIAL CONFLICTS OF INTEREST PRIOR TO BOARD MEMBER CANDIDATES BEING ACCEPTED ONTO THE BOARD. THE COMMITTEE REVIEWS CONFLICT OF INTEREST STATEMENTS FROM BOARD MEMBERS 432212 08-27-14

AND DETERMINES WHAT MEASURES, IF ANY, SHOULD BE TAKEN TO MONITOR AND/OR

CONTROL CONFLICTS OF INTEREST (E.G. ASK THE MEMBER TO RECUSE THEMSELVES

FROM PARTICULAR VOTES, SUCH AS CHANGES TO TUITION ADJUSTMENT POLICY OF THE

MEMBER IS A RECIPIENT OF TUITION ADJUSTMENTS.)

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

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR DETERMINING COMPENSATION FOR THE DIRECTOR OF ADMINISTRATION AND ANY KEY EMPLOYEES. COMPARABLE COMPENSATION INFORMATION IS GATHERED FROM OTHER PRIVATE SCHOOLS AND FROM SCHOOL SURVEY INFORMATION PROVIDED BY AWSNA (ASSOCIATION OF WALDORF SCHOOLS OF NORTH AMERICA) AND INDEPENDENCE IS MAINTAINED.

FORM 990, PART VI, SECTION C, LINE 18:

GOVERNING DOCUMENTS ARE AVAILABLE ON OUR WEBSITE AND UPON REQUEST. THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN THE MAIN OFFICE.

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

GOVERNING DOCUMENTS ARE AVAILABLE ON OUR WEBSITE AND UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PAGE 12, PART XII, LINE 2C:

THERE IS A FINANCE COMMITTEE WHICH OVERSEES THE AUDIT PROCESS AND
REVIEWS FINANCIAL STATEMENTS, PRESENTS INFORMATION TO AND MAKES
RECOMMENDATIONS TO THE BOARD. THE BOARD VOTES ON THE SELECTION OF
AUDITORS AND OTHER RELEVANT FINANCIAL DECISIONS. THERE HAS BEEN NO
CHANGE FROM PRIOR YEAR.