SCANNED JUN 1 7 2019

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Department of the Treasury

EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017 Open to Public

OMB No 1545-0047

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

Go to www.irs.gov/Form990 for instructions and the latest information.

■ Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service Inspection A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018 Check if applicable D Employer identification number C Name of organization THE WALDORF EDUCATIONAL ASSOCIATION OF Address change NC, INC. Name change EMERSON WALDORF SCHOOL 56-1379068 Doing business as]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 919-967-1858 6211 NEW JERICHO ROAD 3,054,235. termi City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende CHAPEL HILL, NC 27516-8171 H(a) Is this a group return Applica F Name and address of principal officer HARRY KAVROS 」Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 」501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.EMERSONWALDORF.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Year of formation: 1984 M State of legal domicile: NC Part I Summary Briefly describe the organization's mission or most significant activities. THE EMERSON WALDORF SCHOOL Governance PROVIDES AN INTEGRATED WALDORF CURRICULUM AND ENVIRONMENT WHICH ⊔ if the organization discontinued its operations or dispose பர் அவர் முடி இ% of it Check this box net assets 15 Number of voting members of the governing body (Part VI, line 1a) 3 10 S-0S Number of independent voting members of the governing body (Part VI, 1b) 4 APR 09 2019 79 Total number of individuals employed in calendar year 2017 (Part V, line 2 5 150 6 Total number of volunteers (estimate if necessary) .085. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 OGDEN, UT -2,628. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** $3\overline{37,225}$ $2\overline{26,597}$ Contributions and grants (Part VIII, line 1h) 2,582,163. 2,594,263. 9 Program service revenue (Part VIII, line 2g) 162. 689. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 96,273. 83,609. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,015,823. 2,905,158. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. 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) 2,025,166. 2,059,388. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ō. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 48,129. **b** Total fundraising expenses (Part IX, column (D), line 25) 869,358 815,487. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,894,524 2,874,875. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 30,283. 121,299 Revenue less expenses Subtract line 18 from line 12 200 **Beginning of Current Year End of Year** 3,533,007. 3,750,055. 20 Total assets (Part X, line 16)

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

	Cottany process	<u> 2/28 / /9</u>
Sign	Signature of officer	Date
Here	HARRY KAVROS, DIRECTOR OF ADMINISTRATION	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	KRISTEN HOYLE, CPA Dust / VA 03/07	/19 self-employed P00118964
Preparer	Firm's name THOMAS, JUDY & TUCKER P. /A.	Firm's EIN ▶ 56-1965804
Use Only	Firm's address 4700 FALLS OF NEUSE ROAD SUITE 400	
	RALEIGH, NC 27609	Phone no.919-571-7055
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances Subtract line 21 from line 20

21 Total liabilities (Part X, line 26)

Form 990 (2017)

1,610,928.

2,139,127.

424,163

2,108,844.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	, 800 (2011)	<u>-1379068</u>	Page 2
Pai	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:		
٠	THE EMERSON WALDORF SCHOOL PROVIDES AN INTEGRATED WALDORF	CHERTCHIL	Μ
	AND ENVIRONMENT WHICH ENCOURAGE AND PROMOTE INDEPENDENT TH		<u> </u>
	SOCIAL RESPONSIBILITY AS WELL AS ACADEMIC AND ARTISTIC EXC		
	THE UNIQUE GIFTS AND CONTRIBUTIONS OF EACH CHILD ARE HONOR	ED THROUG	H A
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Voc	X No
		163	140
	If "Yes," describe these new services on Schedule O		च ि
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L 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 mea-	sured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	• •	
		o total expenses, c	
	revenue, if any, for each program service reported	2,611,	140
4a	(Code) (Expenses \$ 2,533,397. including grants of \$) (Revenue \$		140.
	THE WALDORF EDUCATIONAL ASSOCIATION OF NORTH CAROLINA, INC		
	BUSINESS AS EMERSON WALDORF SCHOOL, OPERATES AS A SCHOOL A		AGES
	AND SPONSORS EDUCATIONAL ACTIVITIES IN NORTH CAROLINA BASE	D ON THE	
	PRINCIPLES AND PHILOSOPHIES GIVEN BY RUDOLF STEINER. THE S	CHOOL	
	PROVIDES STUDENTS A STRONG FOUNDATION IN LITERATURE, FOREI		TE.
	HISTORY, GEOGRAPHY, MUSIC, FINE AND PRACTICAL ARTS, MATHEM		
	SCIENCE; RESPONDS TO THE NEEDS OF THE CHILD AT EACH STAGE		
	DEVELOPMENT; AND PROMOTES CREATIVITY, CRITICAL THINKING, A		LONG
	LOVE OF LEARNING. THIS FISCAL YEAR, THE SCHOOL SERVED CHIL	DREN IN	
	NURSERY SCHOOL THROUGH HIGH SCHOOL. OUR STUDENTS MEET AND	EXCEED THI	₹
	STATE AVERAGE SAT SCORES AND ARE ROUTINELY ACCEPTED INTO P		
	PUBLIC COLLEGES AND UNIVERSITIES.		
<u> </u>			
4b	(Code) (Expenses \$		—— '
4c	(Code) (Expenses \$)
		-	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses 2,533,397.		
		Form 99	0 (2017)

NC, INC.

56-1379068

Form 990 (2017) 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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	١ ـ		₩
	public office? If "Yes," complete Schedule C, Part I	3	 	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		•	🕶
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	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	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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	ľ		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
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		Х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		<u> </u>
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			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ŀ	v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	,	Ţ.	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_	l	v
	complete Schedule G, Part III	<u>19</u>	990 (X
		rom	JJU (/UI/)

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Part IV	Checklist	of Required Scl	nedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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		·	
	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,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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		<u>X</u>
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	
		Form	990 (2017)

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Form	990 (2017) NC, INC. 56-1379	068	Р	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		!
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		· !
·	(gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_		.,
20	filed for the calendar year ending with or within the year covered by this return 2a 79			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u></u>		
20	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	\vdash
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
48		4a		X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	70		
D	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)			
				X
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
_	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		$\widetilde{\mathbf{X}}$	ئہ ۔۔۔۔
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	\vdash
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ئـ
	sponsoring organization have excess business holdings at any time during the year?	8		├─
9	Sponsoring organizations maintaining donor advised funds.	!	.: . .	3
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├──
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			:
а	Initiation fees and capital contributions included on Part VIII, line 12			1
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	Gross income from members or shareholders			Ì
b	Gross income from other sources (Do not net amounts due or paid to other sources against			,
	amounts due or received from them)	~ -		i
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	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.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			ľ
b	Enter the amount of reserves the organization is required to maintain by the states in which the		Ì	ļ
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			 ,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Form	990	(2017)

Form 990 (2017) NC, INC.

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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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing	 .		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	·-
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 10		l	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	<u> </u>	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
Ь	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		Λ
000	tion B. Folloies (This Section B requests information about policies not required by the internal nevertice Code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iou		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,		į
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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	,		ļ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	nk		
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	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).			Ī
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	**		
	taxable entity during the year?	16a		X
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	•		ļ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
500	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ►NC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	اما	
10	for public inspection. Indicate how you made these available. Check all that apply.	vallaD	ıc	
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	ופור	
.5	statements available to the public during the tax year.	in rails	J.CI	
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 JERICHO ROAD, CHAPEL HILL, NC 27516-8171			

732007 11-28-17

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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

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

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

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

Check this box if neither the organization n	or any related	orga	anıza	tion	cor	mpe	nsa	ted any current officer, of	director, or trustee.	
(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	Position (do not check more than one		to not check more than one			Reportable	Reportable	Estimated	
	hours per week		box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	amount of other			
	(list any	Ē						the	organizations	compensation
	hours for	individual trustee or directo				2		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			Safe		(W-2/1099-MISC)	,	organization
	organizations	Iras	nal tri		oyee	E C				and related
	below	Mdua	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	르	Su.	150	Key	돌	Ē			
(1) INGEBORG BOESCH	30.00							20 625	_	0
BOARD MEMBER & FACULTY CHAIR	F 00	X	Щ		_	ldash	<u> </u>	29,625.	0.	0.
(2) KRISTIN BURROWS	5.00	١,,							_	•
BOARD MEMBER	- 00	Х	Н			<u> </u>	_	0.	0.	0.
(3) R. MARK EICHINGER-WIESE	5.00	,,							•	•
BOARD MEMBER	40.00	X						0.	0.	0.
(4) LAURA GUINAN	40.00	x						20 167	0.	10 600
BOARD MEMBER & TEACHER	10.00	Δ.	Н	_		H		39,167.	0.	10,622.
(5) MARK HULBERT	10.00	x		х				0.	0.	0
PRESIDENT	5.00	12		_				0.	0.	0.
(6) ROBERT LEVIN	3.00	X						0.	0.	0.
BOARD MEMBER	10.00	^	\dashv	_				0.	0.	0.
(7) PETER MCKINNIS	10.00	x		х				0.	0.	0
SECRETARY (8) ROBIN OLSON	40.00	^		<u> </u>				0.	0.	0.
	40.00	x						47,267.	0.	8,945.
BOARD MEMBER & TEACHER	5.00	Δ						47,207.	0.	0,945.
(9) MARIA OLTMANN-ROACH	3.00	x						o.	0.	0
BOARD MEMBER	10.00	^						0.	U •	0.
(10) METTA PRIETO BOARD MEMBER & TEACHER	10.00	x		Ì				2,089.	0.	0.
(11) CATHERINE REYES	10.00	Δ		\dashv				2,009.	<u></u>	<u> </u>
BOARD MEMBER & TEACHER	10.00	х						953.	0.	0.
(12) GEORG BUEHLER	10.00	A	\vdash	\dashv		-		755.	0.	
TREASURER	10.00	x		x				0.	0.	0.
(13) MARK DAVIS	5.00	-		<u>^</u>			—			0.
BOARD MEMBER	3.00	х		ı				٥.١	0.	0.
(14) MICHAEL AWAI	5.00							0.	0.	0.
BOARD MEMBER	3.00	х						o.	0.	0.
(15) CHARLES VILES	5.00		\dashv	\dashv				-		
BOARD MEMBER	3.00	х						ا. ه	0.	0.
(16) CHRISTINA PLYLER-WISE	40.00									
DIRECTOR OF ADMINISTRATION (7/1/17 -	10000			$_{\rm x}$				57,250.	0.	0.
(17) HARRY KAVROS	40.00		-	╤┤	-	-				

Form 990 (2017) NC , INC . 56-1379068 Page 8

Part VIII Section A Officero Directors Tructors Key Employees and Highest Companyated Employees (continued)

Part \	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A)	(B)			(6	C)			(D) (E)			(F)
	Name and title	Average	(do	Position do not check more than or				one	Reportable	Reportable	,	Estimated
		hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation		amount of
		week (list any	<u> </u>	1		I	T	Ι	from from relat			other
		hours for	direct				L		-	organization (W-2/1099-Mis		compensation from the
		related	5 8	stee			age 2		(W-2/1099-MISC)	(** 2) 1000 1111	,	organization
		organizations	tras	a tr		yee	E E		, ,			and related
		below	Individual trustee or director	Institutional trustee	 =	Key employee	loyee	훁				organizations
	related organizations below line) line) below line)											
											Ī	
			<u> </u>	_	<u> </u>	<u> </u>		_				
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-					<u> </u>	-	⊢	⊢				
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							لــــا	_	456 354			10 5 5 5
	ub-total							>	176,351.	···	0.	19,567.
	otal from continuation sheets to Part VI	I, Section A						>	176,351.		0.	0. 19,567.
	otal (add lines 1b and 1c)							<u> </u>			0.	19,567.
	otal number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wr	no re	eceived more than \$100	,000 of reportable	le	0
	empensation from the organization							_				Yes No
3 Di	d the organization list any former officer,	director, or tru	stee	e ke	v en	nolo	vee	or	highest compensated er	molovee on	Г	
	e 1a? If "Yes," complete Schedule J for so	-		,	,		,,,,,,	•	goc. ocpooa.oc			3 X
	or any individual listed on line 1a, is the su		e cc	mpe	ensa	tion	and	oth	her compensation from t	he organization		
ar	nd related organizations greater than \$150),000? If "Yes,	° co	mple	ete S	Sche	dule	J f	for such individual	•	Ī	4 X
5 Di	d any person listed on line 1a receive or a	ccrue comper	sati	on f	rom	any	unr	elat	ed organization or indivi	dual for services	Γ	
	ndered to the organization? If "Yes," comp	plete Schedule	J f	or su	ıch j	oers	on					5 X
Section	n B. Independent Contractors											
	omplete this table for your five highest cor	•	•								pensa	tion from
th	e organization Report compensation for t	he calendar ye	ear e	endır	ng w	/ith (or w	thir	n the organization's tax y	rear		
	(A)								(B)		0.	(C)
DD0	Name and business		376			- ^ ^		4	Description of se			mpensation
	ESSIONAL BUILDING SYS							- 1	BUILDER FOR I			257 715
MILL	STONE DR., STE. 101,	итпровс	KC	700	п,	<u> </u>	VC.	#	FOR ADMINIST	RATION		257,715.
								- [
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	- ·							\dashv		+		
								寸				
								\perp				
2 To	otal number of independent contractors (in	ncluding but no	ot lir	nited	d to	_		ted	above) who received m	ore than		
\$1	00,000 of compensation from the organiz	ation >				1	L					

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under (C) Unrelated Related or Total revenue business exempt function sections 512 - 514 revenue revenue Gifts, Grants Inlar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 1c 'c Fundraising events 1d d Related organizations Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 226,597 similar amounts not included above 1f 108,002. Q Noncash contributions included in lines 1a-1f \$ 226,597 h Total. Add lines 1a-1f Business Code 2,361,953.2,361,953 611710 2 a TUITION, NET Program Service Revenue 152,805. 152,805. 611710 b OTHER STUDENT REVENUE 66,835. 66,835. FACILITY MAINTENANCE F 611710 12,670. 12,670. PARENT ORGANIZATION DU 611710 All other program service revenue 2,594,263. Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,011. 1,011 other similar amounts) \triangleright Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real 6 , 713 **.** (ii) Personal 6 a Gross rents <u>13,</u>798. b Less rental expenses -7,085. c Rental income or (loss) -7,085 -7,085d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other 108,002. assets other than inventory b Less cost or other basis 108,002. 322 and sales expenses -322. 0. c Gain or (loss) -322.-322. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See a 100,772 Part IV, line 18 26,955. b Less direct expenses 73,817. 73,817. 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 Business Code 11 a OTHER REVENUE 611710 16,877. 16,877 b d All other revenue 16,877. e Total, Add lines 11a-11d 2,905,158.2,611,140. -7,085. 74,506. Total revenue. See instructions. Form **990** (2017)

Form 990 (2017) NC , INC . Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All otl	her organizations must co	omplete column (A)						
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
_	and domestic governments. See Part IV, line 21	-								
2	Grants and other assistance to domestic			` '	- ,					
_	individuals See Part IV, line 22									
3	Grants and other assistance to foreign				į					
	organizations, foreign governments, and foreign				į					
	Individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members			. -						
5	Compensation of current officers, directors,	209,200.	203,468.	4,586.	1,146.					
6	trustees, and key employees Compensation not included above, to disqualified	203,2000	203,1001		1,1100					
U	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	1,476,600.	1,288,708.	159,039.	28,853.					
8	Pension plan accruals and contributions (include	, .,	,,	- ,	.,					
•	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	250,940.	223,695.	27,208.	37.					
10	Payroll taxes	122,648.	108,341.	12,038.	37. 2,269.					
11	Fees for services (non-employees)		·	·						
а	Management									
b	Legal									
С	Accounting	14,400.	7,200.	7,200.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)	130,703.	117,633.	10,456.	2,614.					
12	Advertising and promotion	31,822.	00 000	31,822.	777					
13	Office expenses	102,482.	98,892. 9,943.	2,813.	777.					
14	Information technology	9,943.	9,943.							
15	Royalties	66,288.	61,366.	4,922.	 -					
16	Occupancy	29,739.	29,739.	4,322.						
17	Travel	23,133.	23,133.							
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials	7,533.	7,533.							
19 20	Conferences, conventions, and meetings Interest	54,580.	49,843.	4,737.						
21	Payments to affiliates	,		=,						
22	Depreciation, depletion, and amortization	117,909.	107,535.	10,374.						
23	Insurance	35,399.	32,288.	3,111.						
24	Other expenses, Itemize expenses not covered	16141110111119090431111113400040455551004		9 Makeni	um and the areas					
	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`)			1.11.11.11.11.1.1.1.1.1.1.1.1.1.1.1.1.1.	i					
а	INCOME TAXES	50.		50.						
b	REPAIRS AND MAINTENANCE	134,739.	123,046.	11,693.						
С	PROFESSIONAL DEVELOPMEN	32,991.	31,341.	1,650.						
d	DUES AND SUBSCRIPTIONS	22,939.	22,939.		40 400					
e	All other expenses	23,970.	9,887.	1,650.	12,433.					
25	Total functional expenses. Add lines 1 through 24e	2,874,875.	2,533,397.	293,349.	48,129.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2017)					

56-1379068 Page **11** Form 990 (2017)
Part X Balance Sheet NC, INC.

Га	π χ.	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X		1	
			(A)	1	(B)
			Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing	83,888.		110,506.
	2	Savings and temporary cash investments	414,977.	2	433,986.
	3	Pledges and grants receivable, net	90,345.	3	45,165.
	4	Accounts receivable, net	21,837.	4	6,754.
	5	Loans and other receivables from current and former officers, directors,			1234 5 - TH
		trustees, key employees, and highest compensated employees Complete	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined un	get நகள்கத்தை அக்குற்ற நக்கை நக்குக்க	100 m	ງວາງການ ກໍ່ເປົ້າໃຫ້ການ ໃນກັກກັງໃຊ້ເຖິນໃຊ້ເຖິນຕ້ອງດູດູເຕີດເຄດ ງານ ຄ ການການ ການການ
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	iting	17.45	
		employers and sponsoring organizations of section 501(c)(9) voluntary		. 42	Marine and Sandards of the Comment o
ş	1	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	7,200.	7	10,046.
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	33,663.	9	26,218.
	10a	Land, buildings, and equipment cost or other		: ":	*
		basis Complete Part VI of Schedule D 10a 4,407,3			The state of the s
	b	Less accumulated depreciation 10b 1,300,3	56. 2,851,342.	10c	3,106,954.
	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	29,755.	15	10,426.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,533,007.	16	3,750,055.
	17	Accounts payable and accrued expenses	86,769.	17	100,145.
	18	Grants payable		18	
	19	Deferred revenue	273,917.	19	269,107.
	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		1 4	
Liabilities		key employees, highest compensated employees, and disqualified persons	and the state of t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
jab		Complete Part II of Schedule L	4 050 455	22	
	23	Secured mortgages and notes payable to unrelated third parties	1,063,477.	23	1,241,676.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	ĺ	parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	1 424 163	25	1 (10 000
	26	Total liabilities. Add lines 17 through 25	1,424,163.	26	1,610,928.
		Organizations that follow SFAS 117 (ASC 950), check here ▶ X at	nd [] Jan	1000	The state of the s
ses	l	complete lines 27 through 29, and lines 33 and 34.	1,758,510.		
<u>a</u>	27	Unrestricted net assets	350,334.	27	1,771,162. 367,965.
Ba	28	Temporarily restricted net assets	350,334.	28	307,905.
D I	29	Permanently restricted net assets		29	1 - 4 - 5 - 5 - 5
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			Andrea true and the other transmission was transmissed in
set		Capital stock or trust principal, or current funds		30	
As		Paid-in or capital surplus, or land, building, or equipment fund	-	31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds	2 100 044	32	2 120 107
_	33	Total net assets or fund balances	2,108,844.	33	2,139,127.
	34	Total liabilities and net assets/fund balances	3,533,007.	34	3,750,055.

THE WALDORF EDUCATIONAL ASSOCIATION OF NC. INC.

	n 990 (2017) NC, INC.	<u> 56</u>	-13790	<u>68</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				58.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,			75.
3	Revenue less expenses Subtract line 2 from line 1	3				83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	108	<u>, 8</u>	44.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor 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	2,:	<u> 139</u>	<u>, 1</u>	<u> 27.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			+	'es	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Ŀ	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				, 1
	separate basis, consolidated basis, or both		.	١,		, ,
	Separate basis Consolidated basis Both consolidated and separate basis		_			ۇ
b	Were the organization's financial statements audited by an independent accountant?		<u> </u>	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,	ł	ı	1
	consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis				,	, 1 4
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt	,			
	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 Scho	edule (Σ		\neg	-
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdıt			. 1 !
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit 🗍		T	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			вЫ		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. THE WALDORF EDUCATIONAL ASSOCIATION OF

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization 56-1379068 NC INC. Reason for Public Charity Status (All organizations must complete this part) See instructions Part The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 l section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document (II) EIN (iii) Type of organization (v) Amount of monetary (i) Name of supported (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

56-1379068 Page 2 Schedule A (Form 990 or 990-EZ) 2017 NC, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2017 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2017, if the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization/qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 NC, INC.

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Part III Support	Schedule 1	or Organizations	Described	in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support			·				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and						7	
	membership fees received (Do not					/		
	include any "unusual grants ")		<u>L</u> .					
2	Gross receipts from admissions,							
	merchandise sold or services per-	i	İ					
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge				<u></u> .	1	<u> </u>	
6	Total. Add lines 1 through 5							
72	Amounts included on lines 1, 2, and			/				
	3 received from disqualified persons					<u></u>	<u> </u>	
t	Amounts included on lines 2 and 3 received		2	1				
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		/					
	amount on line 13 for the year							
c	: Add lines 7a and 7b					L		
8	Public support. (Subtract line 7c from line 6.)							
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	/ (b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6		/					
10a	Gross income from interest,		İ					
	dividends, payments received on securities loans, rents, royalties,	/						
	and income from similar sources							
b	Unrelated business taxable income	/						
	(less section 511 taxes) from businesses		i					
	acquired after June 30, 1975							
c	Add lines 10a and 10b	/						
11	Net income from unrelated business	/						
	activities not included in line 10b, whether or not the business is	/						
	regularly carned on	;						
12	Other income Do not include gain / or loss from the sale of capital		ĺ					
	assets (Explain in Part VI)			·				
13	Total support. (Add lines 9, 10c, 11, and 12)			 				
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organız	ation,	
	check this box and stop here						▶□	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2017 (I	,	•	olumn (f))		15		
	Public support percentage from 2016					16	%	
Sec	ction D. Computation of Inves	stment incom	e Percentage					
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	%	
18	Investment income percentage from 2	2016 Schedule A, I	Part III, line 17			18	%	
19a	Pa 33 1/3% support/tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□	
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and	
	line 18 is not more than 33 1/3%, che	ck this box andste	op here. The orgar	nization qualifies a	is a publicly suppo	rted organization	▶ <u> </u>	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions		
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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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		Yes	No
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	, , , ,	7	h. h.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u></u>		
	below, the governing body of a supported organization?	11a	<u> </u>	Ь
	A family member of a person described in (a) above?	11b	 	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u>. </u>	<u> </u>
Sec	ction B. Type I Supporting Organizations		T	 -
	Bulling distribution to the second subsection of the second subsection	- 4	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		, '	ığ,
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	To the] .	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	,	_	l
	controlled the organization's activities. If the organization had more than one supported organization,		1 2	٠.
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ششيست		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	-	2.35
2	Did the organization operate for the benefit of any supported organization other than the supported	, , ,	٠٠,	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	. *		
	supervised, or controlled the supporting organization	2	~	
Sec	etion C. Type II Supporting Organizations	1 2		L
	All of Type it dapper unit of gainzations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	(, , ,	2/	2 120
	or management of the supporting organization was vested in the same persons that controlled or managed	77.4		l
	the supported organization(s)	1	- APS	*******
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		. 1	~ .
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	:		ľ.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ا مادوست		·
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		, -	٠,
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ter Almond Ser. S.		,
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	\$\tau_{\tau_{\tau}} \tau_{\tau} \tau_{\tau}	· .	
	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		40. 44.0° W	ens 144
	supported organizations played in this regard	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruct	ions).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (se	e instructions أ		
2	Activities Test Answer (a) and (b) below.	7;	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	_		٠.
	those supported organization(s) to which the organization was responsive? If res, then in part videntity those supported organizations and explain how these activities directly furthered their exempt purposes,		`	e Ne se
	how the organization was responsive to those supported organizations, and how the organization determined		v 🛴	: .
	that these activities constituted substantially all of its activities			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	J 14	
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	'	1".	* . !
	reasons for the organization's position that its supported organization(s) would have engaged in these		, ~	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	1 20		~ ,
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	'		~ *
~	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		<u>**</u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	38		. ,
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		Y retrap ment

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E	I in a
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_ 3	Other gross income (see instructions)	3	<u>-</u>	
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		* _* _	The state of the s
	instructions for short tax year or assets held for part of year)	a. ·	a de la company a	والمنافعة المنافعة ا
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		Ĭ
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		1	
	factors (explain in detail in Part VI)	,	``	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	***	
2	Enter 85% of line 1	2	* *	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1. 743 1. 1.	
4	Enter greater of line 2 or line 3	4	* ** *** * * * * * * * * * * * * * * * *	
5	Income tax imposed in prior year	5	, , , , , , , , , , , , , , , , , , ,	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		4,1	
	emergency temporary reduction (see instructions)	6	· · · · · · · · · · · · · · · · · · ·	
7	Check here if the current year is the organization's first as a non-functional	v intear	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990-EZ) 2017 NC, INC. 56-1379068 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2017 а **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D. line 7 a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions. Excess distributions carryover to 2018. Add lines 3) and 4c 8 Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 NC , INC .	56-1379068 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section I line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any (See instructions.)	ne 17a or 17b, Part III, line 12, B, lines 1 and 2, Part IV, Section C, 1, Part V, Section B, line 1e; Part V.
	•	
		Y
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	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

THE WALDORF EDUCATIONAL ASSOCIATION OF NC, INC.

Employer identification number 56-1379068

Schedule D (Form 990) 2017

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	·			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	T T				
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	funds			
	are the organization's property, subject to the organization's	_	☐ Yes ☐ No			
6	Did the organization inform all grantees, donors, and donor a	•				
	for charitable purposes and not for the benefit of the donor of	•	•			
	impermissible private benefit?		Yes No			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part				
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (e.g., recreation or e		ally 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 qualit	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			
ь	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c			
d	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				
	year >		· ·			
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements r	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year			
	>	•	-			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	re 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 conservati	on easements in its revenue and expense stat	tement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for			
	conservation easements					
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	r Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,			
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri	bes these items				
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	service, provide the following amounts			
	relating to these items					
	(i) Revenue included on 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 treatments	asures, or other similar assets for financial gail				
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
	Assets as alradad as Faura 000 Bad V					

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

	edule D (Form 990) 2017 NC , INC					0.1		26-1.	3/906	8 Page 2
I	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other recor	ds, che	ck any of the	following th	at are a	significar	nt use of its	collection	n items
	(check all that apply):		·							
а	Public exhibition		╸╚	Loan or exc	hange prog	rams				
ь										
С	Preservation for future generations									
4	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -									
5										
-	to be sold to raise funds rather than to be m							L	_ Yes	No_
Pa	rt IV Escrow and Custodial Arran		lete if th	e organizatio	n answered	"Yes" o	n Form 9	90, Part IV	, line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	lian or other interme	diary foi	contribution	ns or other a	ssets no	t include	d _	_	
	on Form 990, Part X?							L	_ Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table			_			
								<u> </u>	Amount	·
С	Beginning balance						1c	<u>.</u>		
	Additions during the year						1d	ļ		
е	Distributions during the year						1e	ļ		
f	Ending balance						1f	<u> </u>		
	Did the organization include an amount on F						•	L	_l Yes	L No
	If "Yes," explain the arrangement in Part XIII									
Pa	t V Endowment Funds. Complete								r <u>.</u>	
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years back
	Beginning of year balance		-						ļ	
b	Contributions								ļ	
С.	Net investment earnings, gains, and losses								 	
đ	Grants or scholarships								 	
е	Other expenditures for facilities									
	and programs		-							
T _	'									
g	End of year balance				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end balant	•	g, column (a	I)) neid as					
a	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
2-	The percentages on lines 2a, 2b, and 2c sho	•	-4 46	-4 6						
Ja	Are there endowment funds not in the posse	ession of the organiz	ation th	at are neio a	na aaministe	erea for i	ine organ	ization	Г	V N-
	by (i) unrelated organizations									Yes No
	(ii) related organizations								3a(i)	
h	If "Yes" on line 3a(ii), are the related organizations	stians listed as really	rad an C	Sabadula D2					3a(ii)	
4	Describe in Part XIII the intended uses of the	•							3b	
Par			WILICITE	iulius						
	Complete if the organization answere) Part I	/ line 11a S	ee Form 991) Part Y	line 10			
	Description of property	(a) Cost or o		(b) Cost			ccumulat	ed be	(d) Pook	value
	bescription of property	basis (investr		basis (1	• •	preciation		(d) Book	value
12	Land	525.5 (11176511			1,703.		Joidtiol	· -	761	,703.
	Buildings				9,512.	1	149,2	25.		, 287.
	Leasehold improvements				- , •				2,230	, 20, •
	Equipment			11	6,211.		65,9	95	5.0	,216.
	Other	·-··			9,884.		85,1			,748.
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colur							,954.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 NC, INC.		_	56-1379068 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			11
(2) Closely-held equity interests			
(3) Other			
(A)			
(B) ·			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must sound Form 2000 Part V. col. (P) line 12 \	** **.		
Total. (Col. (b) must equal Form 990. Part X, col. (B) line 12.)			, , , , , , , , , , , , , , , , , , ,
		lune 111 - Con Form 000 - Dark V lune 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation Cost	or end-of-year market value
	(D) Book value	(o) Metrica di Variaditori desti	or ord or your market value
(1)			
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
(5)		·····	
(6)			· · · · · · · · · · · · · · · · · · ·
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d See Form 990, Part X, line 15	
	escription		(b) Book value
(1)		· ·	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV,		ne 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			i
(2)			,
(3)			,
(4)			
(5)			- ; 1
(6)			*
(7)			-
(8)			l
(9)	25.		
Total. (Column (b) must equal Form 990, Part X, col (B) line		<u></u>	
Liability for uncertain tax positions. In Part XIII, provide t	he text of the footno	ite to the organization's financial statem	ents that reports the

Schedule D (Form 990) 2017

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 X

THE WALDORF EDUCATIONAL ASSOCIATION OF 56-1379068 Page 4 NC, INC. Schedule D (Form 990) 2017 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 2,946,233. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 41,075. 2đ d Other (Describe in Part XIII) 41,075. e Add lines 2a through 2d 2e 2,905,158. 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 4a b Other (Describe in Part XIII) c Add lines 4a and 4b 40 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 2,915,950. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2a a Donated services and use of facilities **b** Prior year adjustments 2b 2c c Other losses 41,075. 2d d Other (Describe in Part XIII.) 41,075. e Add lines 2a through 2d 2e 2.874.875. 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 4a 4b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 2,874,875. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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 XI, 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

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, 2018, 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.

Schedule D (Form 990) 2017 NC , INC .	56-1379068 Page 5
Part XIII Supplemental Information (continued)	rages
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	26,955.
RENTAL EXPENSES	13,798.
LOSS FROM DISPOSAL OF ASSETS	322.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	41,075.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	26,955.
RENTAL EXPENSES	13,798.
LOSS FROM DISPOSAL OF ASSETS	322.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	41,075.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2017

OMB No 1545-0047

Open to Public Inspection

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

Employer identification number 56-1379068

Pa	rtl			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	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			-
	If you need more space, use Part II	3	X	
	THE ORGANIZATIONS RACIALLY NONDISCRIMINATORY POLICY IS		-	
	AVAILABLE ON THE SCHOOL'S WEBSITE AS WELL AS IN ENROLLMENT			
	PACKETS.	1		
		١.	'	
4	Does the organization maintain the following?		÷	
a		4a	X	-
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	4c	x	
4	admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X	
u	If you answered "No" to any of the above, please explain If you need more space, use Part II	40		-
	If you answered the to any of the above, please explain if you need more space, user are if			
		İ		
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		X
ь	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		<u>X</u>
h	Other extracurricular activities?	_5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II			1
				:
_			- ^	I
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
D	Has the organization's right to such aid ever been revoked or suspended?	6b		
7	If you answered "Yes" on 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 Rev. Proc. 75 50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	х	
	nev Froc 75 30, 1973-2 O D 307, Covering racial nondiscrimination? If Mo, explain on Fart II	1	43	

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

Schedule E (Form 990 or 990-EZ) 2017

Schedule E	(Form 990 or 990-EZ) 2017 NC,	INC.	56-1379068 Page 2
Part II	Supplemental Information	INC .Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7	, as applicable
	Also provide any other additional	information	
	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		
		~	
		· · · · · · · · · · · · · · · · · · ·	
			
		•	
			
		2 12 101 1 1 2014 101	
			
	-		
		•	
		•	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public ▶ Attach to Form 990 or Form 990-EZ. Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest instructions.

OORF EDUCATIONAL A	SSO	CIA	TION OF			ntification number
Complete if the organization answe	ered "Y	'es" o	n Form 990, Part IV,	line 1	7 Form 990-E2	I filers are not
e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includerofess	non-g gover alsing ding o lonal f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes Yes	
(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (o	r retained by) undraiser	(vi) Amount paid to (or retained by) organization
	Yes	No				

					-	
		_				
		•				
n is registered or licensed to solicit c	ontrib	utions	or has been notified	int is	exempt from re	gistration
			. <u></u>			
	Complete if the organization answers ed funds through any of the following and Solicitating Special or oral agreement with any individual and VII) or entity in connection with production organization (ii) Activity	Complete if the organization answered "Yes ed funds through any of the following active Solicitation of Solicitation of Special fundrator or oral agreement with any individual (includant VII) or entity in connection with profess induals or entities (fundraisers) pursuant to organization (ii) Activity Yes	Complete if the organization answered "Yes" or seed funds through any of the following activities e Solicitation of non-g f Solicitation of gover g Special fundraising or oral agreement with any individual (including or art VII) or entity in connection with professional funduals or entities (fundraisers) pursuant to agree organization (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No	Complete if the organization answered "Yes" on Form 990, Part IV, ed funds through any of the following activities. Check all that apply e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events. r oral agreement with any individual (including officers, directors, truant VII) or entity in connection with professional fundraising services? induals or entities (fundraisers) pursuant to agreements under which organization (ii) Activity (iii) Did fundraiser from activity Yes No	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 ed funds through any of the following activities. Check all that apply e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events r oral agreement with any individual (including officers, directors, trustees and VII) or entity in connection with professional fundraising services? Industry or entities (fundraisers) pursuant to agreements under which the fundraiser have custody or control of contributions? (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No Yes No (iv) Gross receipts from activity list (v) Gross receipts from activity (v) Gross rec	Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-Eze ed funds through any of the following activities Check all that apply e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events r oral agreement with any individual (including officers, directors, trustees, or art VII) or entity in connection with professional fundraising services? Yes riduals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be organization (ii) Activity (iii) Did fundraiser from activity (iv) Gross receipts from activity from activity (v) Amount paid to (or retained by) fundraiser listed in col (i)

		le G (Form 990 or 990 EZ) 2017 NC , INC			56-	13/9068 Page 2
٢	ırt					
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				HOLIDAY	NONE	(add col (a) through
			AUCTION	FAIRE	(1.1.1	col (c))
ë			(event type)	(event type)	(total number)	
Revenue	1	·Gross receipts	43,843.	19,987.	-	63,830.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	43,843.	19,987.		63,830.
						i
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	3,000.			3,000.
ect Ex	7	Food and beverages	4,164.	918.		5,082.
۵			2 150	1 172		6 222
	8	Entertainment Other direct expenses	2,150. 3,284.	4,173.	· · · · · · · · · · · · · · · · · · ·	6,323. 3,284.
	9 10	Other direct expenses Direct expense summary Add lines 4 through				17,689.
		Net income summary Subtract line 10 from li	· ·			46,141.
Pa	rt I	II Gaming. Complete if the organization		n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a				
е			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4) 595	bingo/progressive bingo	(0) 0 (1) 0 (9)	col (a) through col (c))
Rev						
	1	Gross revenue				
ĺ	^	Cook agree				
ses	2	Cash prizes	<u> </u>			<u>.</u>
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	<u> </u>	Out of direct expenses	Yes %	☐ Yes %	Yes %	
	6	Volunteer labor	□ No	No No	□ No	
	7	>	1			
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		•	
		er the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming ac				L Yes L No
D	II (No," explain				
		re any of the organization's gaming licenses re	•	_	year?	Yes No
b	lf "\	Yes," explain			····	
	_			<u>-</u>		
	_					
3208	2 09	-13-17			Schedule G (For	m 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 NC , INC .	56-1379068 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
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 rec	
in the fame and address of the person who propares the organization organization of	,
Name	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	nount
of gaming revenue retained by the third party >\$	
c If "Yes," enter name and address of the third party	
Name	
Address ▶	
16 Gaming manager information	
Name ►	
0	
Gaming manager compensation > \$	
Description of services provided	
bescription of services provided	
Director/officer Employee 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?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	
organization's own exempt activities during the tax year \$\blacktriangleright \text{squarization} s	t iii tile
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information. See instructions	
	- 14-31-10

•				EDUCATIONAL	ASSOCIATION	OF	FC 1250050	
Schedule G	(Form 990 or 990-EZ) Supplemental Infor	NC,	INC.				56-1379068	Page 4
Part IV.	Supplemental illion	mation	(continued)	-	-			 -
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SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2017

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection

Name of the organization THE WALDORF EDUCATIONAL ASSOCIATION OF

Employer identification number

NC, IN	56-1379	068			
Part I Excess Benefit Tran	sactions (section 501(c)(3), section 501(c)(4	4), and 501(c)(29) organizations only)			
Complete if the organization	n answered "Yes" on Form 990, Part IV, line 2	25a or 25b, or Form 990-EZ, Part V, line 40b			
1 (a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Corrected		
(a) Name of disquaimed person	person and organization	(c) Description of transaction	Yes	No	
	<u> </u>				
2 Enter the amount of tax incurred by	rsons during the year under				
section 4958		\$			
3 Enter the amount of tax, if any, on	▶ ३	~ • • • • • • • • • • • • • • • • • • •			
Part II Loans to and/or Fro	m Interested Persons.				

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	(g) In default?		by board or committee?		h) Approved by board or committee?		ritten ment?
			То	From			Yes	No	Yes	No	Yes	No		
					•									
					,									
otal					▶ \$				<u> </u>		*	ş +		

Part III | Grants or Assistance Benefiting Interested Persons.

Complete if the organization	answered "Yes" on Form 990, Pa	art IV, line 27.		
(a) Name of interested person	(b) Relationship between interested person and the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(e) Purpose of assistance
		20,437.	TUITION ASSIS	REDUCTION IN
		36,397.	TUITION REMIS	REDUCTION IN
		<u> </u>		

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

Schedule L (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2017 NC , I	NC.		56-1379	9068 _{Pag}
Part IV Business Transactions Invol	ving interested Persons. d "Yes" on Form 990, Part IV, line 28a, 2	28h or 28c		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues
				Yes N
				
				+ +-
				
			 	
				
Part V Supplemental Information Provide additional information for resp	onses to questions on Schedule L (see	instructions)	1	.d
SCH L, PART III, GRANTS OI	R ASSISTANCE BENEFIT	TING INTER	ESTED PERSON	IS:
(C) AMOUNT OF GRANT \$ 20	,437.			
(D) TYPE OF ASSISTANCE: TO	JITION ASSISTANCE			··· ••
(E) PURPOSE OF ASSISTANCE	REDUCTION IN TUITI	ON FOR BOAR	RD MEMBERS	•
(C) AMOUNT OF GRANT \$ 36	, 397.			
(D) TYPE OF ASSISTANCE: TO	JITION REMISSION			
(E) PURPOSE OF ASSISTANCE	REDUCTION IN TUITI	ON FOR BOAF	RD MEMBERS T	HAT AR
ALSO ON FACULTY/STAFF				
				
				,
·				
<u></u>			·	· _

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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THE WALDORF EDUCATIONAL ASSOCIATION OF **Employer identification number** Name of the organization NC, INC. 56-1379068 Part I Types of Property

			T 75.		· · · · · · · · · · · · · · · · · · ·			
	•	(a) Check if	(b) Number of	(c) Noncash contribution	(d)	orminir		
		applicable		amounts reported on	Method of det noncash contribut		_	łe
		арріюцью	items contributed	Form 990, Part VIII, line 1g	monoasii oominbat			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	·	I					
9	Securities - Publicly traded	Х	5	107,424.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous	Х	1	578.	FMV			
13	Qualified conservation contribution -			· · · · · · · · · · · · · · · · · · ·				
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	· · · · · · · · · · · · · · · · · · ·						
17	Real estate - Other							
18	Collectibles							
19	Food inventory	_						
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23								
	Scientific specimens							
24	Archeological artifacts Other ()							
25	` ` <u> </u>				f · · ·			
26								
27	Other ()							
28	Other ()		_ 46 - 4					
29	Number of Forms 8283 received by the organiz		-					
	for which the organization completed Form 828	33, Part IV, L	Jonee Acknowledg	gement 29			. 1	
						Y	'es	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·	·			. }
	must hold for at least three years from the date		il contribution, and	which isn't required to be u	ļ~		٠	⁷
	exempt purposes for the entire holding period?	>			<u> </u>	30a		X
	If "Yes," describe the arrangement in Part II				-			
31	Does the organization have a gift acceptance p	=			itions?	31	,	<u> </u>
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?				<u>[:</u>	32a	\Box	<u> </u>
b	If "Yes," describe in Part II				į		•	į
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is che	cked,			į
	describe in Part II							ļ

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

Schedule M (Form 990) 2017

Schedule M	(Form 990) 2017 NC , INC .	56-1379068	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution that for any additional information	33, and whether the organiz mbination of both Also con	ation nplete
	•		
	 		
 			
		10-	=-
			<u>.</u>
	· · · · · · · · · · · · · · · · · · ·		
<u>-</u>		_ 	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

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.

Schedule O (Form 990 or 990-EZ) (2017)

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 COMMITTEE.

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
COMMITTEE. ALL PARENTS OF CURRENT EWS STUDENTS WHO ATTEND THE ANNUAL WEANC
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 11B:

THE DRAFT 990 IS PROVIDED TO FINANCE DIRECTOR, ADMINISTRATOR, TREASURER AND FINANCE/AUDIT COMMITTEE FOR REVIEW. AFTER ANY CORRECTIONS ARE MADE, THE 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 INQUIRES 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

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

Employer identification number 56-1379068

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.