EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public

<u>A</u>	For th	e 2018 calendar year, or tax year beginning $$	lending	JUN 30, 2019	\				
В	Check if applicab	THE WALDORF EDUCATIONAL ASSOCIATION OF		D Employer identifi	cation number				
	Addre	e NC, INC.							
	Name	Doing business as EMERSON WALDORF SCHOOL		56-1	379068				
	lnitial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	te E Telephone numbe	r				
	Final return	6211 NEW JERICHO ROAD		919-	967-1858				
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,597,628.				
	Amen	ded CHAPEL HILL, NC 27516		H(a) Is this a group re	etum				
	Application F Name and address of principal officer HARRY KAVROS for subordinates?								
	pendi	SAME AS C ABOVE	1	H(b) Are all subordinates in	ncluded? Yes No				
1	Tax-ex	empt status X 501(c)(3)	ol√2]/52	27 If "No," attach a	list (see instructions)				
J	J Website: ► WWW . EMERSONWALDORF . ORG								
K	Form o	organization: X Corporation	L Yea	ar of formation: 1984 N	A State of legal domicile: NC				
(P	art,I	Summary							
	1	Briefly describe the organization's mission or most significant activities THE	EMERS	ON WALDORF SO	CHOOL				
Governance		PROVIDES AN INTEGRATED WALDORF CURRICULUM							
Ē	2	Check this box If the organization discontinued its operations or dispose	sed of mor	re than 25% of its net ass	sets				
ě	3	Number of voting members of the governing body (Part VI, line 1a)		3	13				
		Number of independent voting members of the governing body (Part VI, line 1b)		4	10				
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	90				
įŧį	6	Total number of volunteers (estimate if necessary)		6	150				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	1,965.				
⋖	Ь	Net unrelated business taxable income from Form 990-T, line 38		7b	0.				
				Prior Year	Current Year				
•	8	Contributions and grants (Part VIII, line 1h)		226,597.	178,120.				
ã	9	Program service revenue (Part VIII, line 2g)	2,594,263.	4,220,629.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		689.	4,897.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		83,609.	88,454.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Γ	2,905,158.	4,492,100.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,555,622.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
G	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,059,388.	2,096,218.				
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	— □	0.	0.				
ē	ь	Total fundraising expenses (Part IX, column (D), line 25)	84 🖁						
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11 (24e)	080-8	815,487.	769,487.				
		Total expenses Add lines 13-17 (must equal Part IX தீரியாரு(தி.பிரடி இ) 2020		2,874,875.	4,421,327.				
		Revenue less expenses Subtract line 18 from line	S [30,283.	70,773.				
56		DODEN UT		Seginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16) OGDEN, UT	[3,750,055.	3,722,615.				
et Assets	21	Total liabilities (Part X, line 26)		1,610,928.	1,512,715.				
Net	22_	Net assets or fund balances Subtract line 21 from line 20		2,139,127.	2,209,900.				
Pa	art II;	Signature Block							
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the best of my	knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	er has any knowledge.					
		Chang Good	_	4/21/2	.0				
Sig	Sign Signature of officer Date								
Her	Here HARRY KAVROS, DIRECTOR OF ADMINISTRATION								
		Type or print name and title							
Print/Type preparer's name Preparer's signature / Q///10 Date Check PTIN									
Paid KRISTEN HOYLE, CPA Preparer's signature 7/1/10 Salf-employed P00118964									
Preparer Firm's name ► THOMAS, JUDY & TUCKER P.A. Firm's EIN ► 56-1965804									
Use	Only	Firm's address 300 WEST MORGAN STREET SUITE 145	50						
	DURHAM, NC 27701 Phone no.919-571-7055								
May	the If	S discuss this return with the preparer shown above? (see instructions)			X Yes No				
	01 12-3		ons.		Form 990 (2018)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2018) NC, INC.	56-1379068	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		-
	THE EMERSON WALDORF SCHOOL PROVIDES AN INTEGRATED WALDOR		
	AND ENVIRONMENT WHICH ENCOURAGE AND PROMOTE INDEPENDENT		
	SOCIAL RESPONSIBILITY AS WELL AS ACADEMIC AND ARTISTIC E	XCELLENCE.	
	THE UNIQUE GIFTS AND CONTRIBUTIONS OF EACH CHILD ARE HON	ORED THROUGH	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?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, ar	d
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 3,908,297. including grants of \$ 1,555,622.) (Reven	ues 4,235,8	3 11.)
	THE WALDORF EDUCATIONAL ASSOCIATION OF NORTH CAROLINA, I	NC., DOING	
	BUSINESS AS EMERSON WALDORF SCHOOL, OPERATES AS A SCHOOL	AND ENCOURAGE	SES
	AND SPONSORS EDUCATIONAL ACTIVITIES IN NORTH CAROLINA BA	SED ON THE	
	PRINCIPLES AND PHILOSOPHIES GIVEN BY RUDOLF STEINER. THE	SCHOOL	
	PROVIDES STUDENTS A STRONG FOUNDATION IN LITERATURE, FOR	EIGN LANGUAGI	3,
	HISTORY, GEOGRAPHY, MUSIC, FINE AND PRACTICAL ARTS, MATH	EMATICS, AND	
	SCIENCE; RESPONDS TO THE NEEDS OF THE CHILD AT EACH STAG	E OF	
	DEVELOPMENT; AND PROMOTES CREATIVITY, CRITICAL THINKING,	AND A LIFELO	ONG
	LOVE OF LEARNING. THIS FISCAL YEAR, THE SCHOOL SERVED CH	ILDREN IN	
	NURSERY SCHOOL THROUGH HIGH SCHOOL. OUR STUDENTS MEET AN	D EXCEED THE	
	STATE AVERAGE SAT SCORES AND ARE ROUTINELY ACCEPTED INTO	PRIVATE AND	
	PUBLIC COLLEGES AND UNIVERSITIES.		
4b	(Code) (Expanses \$) (Revenue	ue \$)
			
		,	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ıe \$)
		· · · · · · · · · · · · · · · · · · ·	
		·	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 3,908,297.		
		Form 9 9	(2018)

Form 990 (2018) 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	Х	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	L_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	i		
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			Ì
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	İ	ļ	l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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			l
	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		ľ	
	as applicable.			ļ
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	├
Þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l		- T
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ا مما		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		^
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	1
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	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X.	_ - -
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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 19 If "Yes," complete Schedule I, Parts I and II	21		X

_	THE WALDORF EDUCATIONAL ASSOCIATION OF			
Forn	n 990 (2018) NC , INC . 56-13 rt IV Checklist of Required Schedules (continued)	79068	F	Page
<u> </u>	TI, IV Offeckilst of Required Scriedules (continued)		_	т —
	Dallian and the second of the		Yes	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_	X	₩
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	١.,
	Schedule J	23	 	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete]	١.,
	Schedule K If "No," go to line 25a	24a		X
	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	ŀ		1
_	any tax-exempt bonds?	24c	 	╄
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	ـ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			١
	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,"			۱
	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		l	
	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)			- <u>-</u> -
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		i	١
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29	X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			İ
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		L_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note, All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		I	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	53 .	- 1	i

Form 990 (2018)

1b

(gambling) winnings to prize winners?

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

56-1379068

Page 5

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 90 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 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 Organizations that may receive deductible contributions under section 170(c). Х 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 70 d If "Yes," indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 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 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O

Form 990 (2018) NC , INC .

56-1379068

Page 6

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.

X Check if Schedule O contains a response or note to any line in this Part VI Section 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 1a 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. 10 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? X 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a. The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? Яh Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 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 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 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, 27516

Form 990 (2018) NC , INC .

56-1379068

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A) Name and Title	(B) Average	Position				1		(D) Reportable	(E) Reportable	(F) Estimated	
Name and This	hours per	box	(do not check more than one box, unless person is both an			s both	n an	compensation	compensation	amount of	
	week	⊢	officer and a director/trustee			or/trus	tee)	from	from related	other	
	(list any	Individual trustee or director						the	organizations	compensation	
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	frost	Institutional trustee		ag.	uadw		(11 27 1000 101100)		and related	
	below	qual	utto	 =	Key employee	estco	<u> </u>			organizations	
	line)	휼	Insti	Officer	Key	Highest compensated employee	Former				
(1) LAURA GUINAN	40.00	1	İ								
BOARD MEMBER & TEACHER		X			<u> </u>		L	41,087.	0.	12,518.	
(2) MARK HULBERT	10.00	1						_		_	
PRESIDENT		X		Х	_	<u> </u>	L	0.	0.	0.	
(3) PETER MCKINNIS	10.00	1						_		_	
SECRETARY		Х	Щ	Х	<u> </u>	L	$oxed{oxed}$	0.	0.	0.	
(4) ROBIN OLSON	40.00										
BOARD MEMBER & TEACHER	1000	Х				L		45,621.	0.	11,756.	
(5) MARK DAVIS	10.00	ļ								•	
TREASURER	40.00	X	_	X		<u> </u>	<u> </u>	0.	0.	0.	
(6) THERISA PIENAAR	40.00	┨						40.465	•	2.5	
BOARD MEMBER & FACULTY		X			<u> </u>	-		40,167.	0.	36.	
(7) MICHAEL AWAI	5.00	ļ			l				•	•	
BOARD MEMBER		X		_	├—	<u> </u>		0.	0.	0.	
(8) CHARLES VILES	5.00	 							•	•	
BOARD MEMBER	F 00	Х		Ш				0.	0.	0.	
(9) SIMS PRESTON	5.00	∤			l			0	•	•	
BOARD MEMBER	F 00	X	\vdash	Ш	_	H		0.	0.	0.	
(10) AMY JOHNSON	5.00	١.,						0	١	0	
BOARD MEMBER	- F 00	X	\vdash		<u> </u>	-		0.	0.	0.	
(11) COREY MCINTYRE	5.00	X						0.	^	0	
BOARD MEMBER (12) DUSHYANTH SURAKANTI	5.00	<u> </u>				\vdash		U •	0.	0.	
BOARD MEMBER	3.00	x						0.	0.	0.	
(13) MARGARET BRADY	5.00	₽	Н	\vdash	\vdash	H	_	U •	U •	<u> </u>	
BOARD MEMBER	3.00	x						0.	0.	0.	
(14) HARRY KAVROS	40.00	┢	\vdash	\vdash	-	\vdash	\vdash	0.	U .		
DIRECTOR OF ADMINISTRATION	40.00	1	Ι,	x	i			30,226.	0.	5,896.	
DIRECTOR OF ADMINISTRATION		\vdash	Н	A		\vdash		30,440.	U •	3,030.	
		1									
		-	\vdash	\vdash	_		-				
		1									
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NC, INC.

Form 990 (2018)

56-1379068

Page 8

\$100,000 of compensation from the organization

56-1379068

Page 9

Form 990 (2018) NC, INC.
Part VIII Statement of Revenue

		Check if Schedule O contr	ains a response	or note to any lir	e in this Part VIII			
					(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
S) s)	1	a Federated campaigns	1a	***************************************				
Contributions, Gifts, Grants and Other Similar Amounts	•	b Membership dues	1b					
ية ق		c Fundraising events	1c					
£, ₹	ļ	d Related organizations	1d		1			
ية ق		e Government grants (contributi						
Sin		• ,	· —					
utic e		f All other contributions, gifts, grant	1 1	178,120.				
é j		similar amounts not included abov		63,602.				
g g		Noncash contributions included in lines	1a-1f \$	03,002.	178,120	~~		
Oe	_	h Total. Add lines 1a-1f			9532,6556566660au-00060c01010060c) •		
		MILLULON NEW		Business Code) B 065 020		
ice	2	a TUITION, NET	ELEVATE			3,965,029		
er v		b OTHER STUDENT R		611710	168,789			
n S		c FACILITY MAINTE		611710	74,071			
ran 3ev		d PARENT ORGANIZA	TION DU	611710	12,740	12,740.		
Program Service Revenue		e					ļ	
۵		f All other program service rever	nue	L	4 000 506		C (41000000000000000000000000000000000000	ANY 60 - Ann Ann Ann Ann Ann Ann Ann Ann Ann A
		g Total. Add lines 2a-2f			4,220,629) .		8.634.00
ĺ	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		•	4,897	<u></u>		4,897.
	4	Income from investment of tax	e-exempt bond p	roceeds >				
	5	Royalties		<u> </u>	75. 58064 Ed. 413344505521 AM	MARKET - ALIAN SANAN NATION AND AND AND AND AND AND AND AND AND AN	A BOAR ALAN BAY ARAAA AARAA AARAA AARAA	ANKABATANIA DANG ANGAMANIKA
			(i) Real	(ii) Personal				
ł	6	a Gross rents	12,850.					
	- 1	b Less rental expenses	9,435.					
	,	c Rental income or (loss)	3,415.	<u> </u>				
		d Net rental income or (loss)			3,415		1,965.	1,450.
	7	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	62,523.					
	1	b Less cost or other basis						
		and sales expenses	62,523.					
		c Gain or (loss)	0.					
		d Net gain or (loss)			0			
	8 :	a Gross income from fundraising	events (not					
Revenue		including \$	of					
ě,		contributions reported on line	1c) See	ĺ				
Æ		Part IV, line 18	а	103,427.				
Other	1	b Less direct expenses	ь	33,570.				
Ò		c Net income or (loss) from fund	raising events	•	69,857			69,857.
		a Gross income from gaming act	_					
		Part IV, line 19	а					
	ı	b Less direct expenses	b					
		c Net income or (loss) from gami			***************************************		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
İ		a Gross sales of inventory, less r						
i		and allowances	а					
	1	b Less cost of goods sold	b					
		c Net income or (loss) from sales		<u> </u>	0000000*******************************		0.0000000000000000000000000000000000000	322003400030000000000000000000000000000
ŀ		Miscellaneous Revenue		Business Code				
ŀ	11 4	a OTHER REVENUE	•	611710	15,182	. 15,182.		***************************************
j		b	_		15,102	23,202.	1	
İ		<u> </u>				1		
l		d All other revenue				+	 	
		e Total. Add lines 11a-11d			15,182			
	12	Total revenue. See instructions				.4,235,811.	1 065	76,204.
- 1	. 4	I DIAL LEVELLE, JEE HISH UCHOUS			ュ,マノム,エリリ	· (= , 4) / / / (1) / (1)	1 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

NC INC.

Form 990 (2018) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,555,622. 1,555,622 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 228;253. 215,337. 11,780. 1,136. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,552,858. 221,528. 291,691. 39,639. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 187,276. 149,600. 37,676. Other employee benefits 127,831. 102,708. 22,059. 3,064. Payroll taxes 10 Fees for services (non-employees) Management 7,403. 7,403. Legal 13,775. 13,775. Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25. 74,127. 73,303. 732. 92. column (A) amount, list line 11g expenses on Sch O.) 30,101. 30,101. Advertising and promotion 12 110,208. 104,208. 4,127. 1,873. Office expenses 13 11,427. 11,427. Information technology 14 Royalties 15 69,440 5,060 64,380. Occupancy 16 22,856. 22,856. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 10,164. 10,164. 19 Conferences, conventions, and meetings 54,760. 50,008. 4,752. 20 Payments to affiliates 21 124,205. 113,285. 10,920. 22 Depreciation, depletion, and amortization 2,989. 33,950. 30,961. Insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a REPAIRS AND MAINTENANCE 107,174. 97,873. 9,301. 32,649. PROFESSIONAL DEVELOPMEN 33,113. 409. 55. 23,746. 23,746. c DUBS AND SUBSCRIPTIONS 12,615. 12,615. d DEVELOPMENT EXPENSE 28,642. 1.771. 30,423. 10. e All other expenses 4,421,327. 3,908,297. 454,546. 58,484. Total functional expenses. Add lines 1 through 24e 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 f following SOP 98-2 (ASC 958-720)

56-1379068 Page 10

56-1379068 Page 11

Pa	Part X Balance Sheet							
	Check if Schedule O contains a response or note to any line in this Part X							
				(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing		110,506.	1	124,313.		
	2	Savings and temporary cash investments		433,986.	2	395,907.		
	3	Pledges and grants receivable, net		45,165.	3	14,000.		
	4	Accounts receivable, net		6,754.	4	33,784.		
	5	Loans and other receivables from current and fo	rmer officers, directors,					
		trustees, key employees, and highest compensa	·					
	1	Part II of Schedule L	. ,		5			
	6	Loans and other receivables from other disqualif	ied persons (as defined under					
	ĺ	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of sect	on 501(c)(9) voluntary					
Ø		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6			
Assets	7	Notes and loans receivable, net		10,046.	7	11,721.		
Š	8	Inventories for sale or use			8			
	9	Prepaid expenses and deferred charges		26,218.	9	26,756.		
	10a	Land, buildings, and equipment cost or other						
	ļ	basis Complete Part VI of Schedule D	10a 4,530,651.					
	b	Less accumulated depreciation	10b 1,424,854.	3,106,954.	10c	3,105,797.		
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, line 1	1		12			
	13	Investments - program-related See Part IV, line	1		13			
	14	Intangible assets		10.406	14	40 225		
	15	Other assets See Part IV, line 11		10,426.	15	10,337.		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	3,750,055.	16	· 3,722,615.		
	17	Accounts payable and accrued expenses		100,145.	17	86,171.		
	18	Grants payable		269,107.	18	232,992.		
	19	Deferred revenue		209,107.	19	232,992.		
	20	Tax-exempt bond liabilities	2. A.W (Q. b 4 J. B.		20			
	21	Escrow or custodial account liability Complete F		****	21			
ies	22	Loans and other payables to current and former						
Liabilıties		key employees, highest compensated employee Complete Part II of Schedule L	s, and disqualified persons		22			
Lia	23	Secured mortgages and notes payable to unrela	tod third partice	1,241,676.	23	1,193,552.		
	24	Unsecured notes and loans payable to unrelated		1,211,0,00	24			
	25	Other liabilities (including federal income tax, pay	•		27			
	-	parties, and other liabilities not included on lines						
		Schedule D	The Complete Factor of		25			
	26	Total liabilities. Add lines 17 through 25		1,610,928.	26	1,512,715.		
		Organizations that follow SFAS 117 (ASC 958)	, check here 🕨 🗓 and					
w		complete lines 27 through 29, and lines 33 and	• —			*		
Ş	27	Unrestricted net assets		1,771,162.	27	1,987,168.		
alar	28	Temporarily restricted net assets		367,965.	28	222,732.		
Ö	29	Permanently restricted net assets			29			
Ě		Organizations that do not follow SFAS 117 (AS						
<u>.</u>		and complete lines 30 through 34.						
ts (30	Capital stock or trust principal, or current funds		•	30			
SSE	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31			
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, or other funds		32			
ž	33	Total net assets or fund balances		2,139,127.	33	2,209,900.		
	34	Total liabilities and net assets/fund balances	<u> </u>	3,750,055.	34	3,722,615.		
		Form 990 (2018)						

Form	n 990 (2018) NC, INC.	56	<u>-1379068</u>	<u>3 Ра</u>	_{ige} 12	
₹ P a	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	4,49	} 2,1	00.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,42			
3	Revenue less expenses. Subtract line 2 from line 1	3		70,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,13	39,1	27.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	i				
	column (B))	10	2,20)9, <u>9</u>	00.	
₿ġ	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				LX	
			C	Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
þ	Were the organization's financial statements audited by an independent accountant?		. <u>2b</u>	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,				
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis			ź XXXX		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,	1	1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	LC FIGURA	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	iit			
	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 required	ed aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L	
			Forn	n 990 i	(2018)	

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

NC

INC

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

<u>2018</u>

OMB No 1545-0047

Open to Public Inspection

Employer identification number

56-1379068

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (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 section 170(b)(1)(A)(iv). (Complete Part II) 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) 11 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 II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other in your governing document organization (described on lines 1-10 support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedul	e A (Form 990 or 990-EZ) 2018 N	IC, INC.	·			<u> 56-137</u>	
Part	3.1						
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I o	r if the organization	on failed to qualify	under Part III If the	organization
	fails to qualify under the test:	s listed below, plea	se complete Part I	II)			
Sectio	n A. Public Support					-	
Calendar	year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ts, grants, contributions, and	1=1=====	147-2	10/2010	(4)	()	<u></u>
	mbership fees received (Do not						
	lude any "unusual grants ")		İ			/	
	revenues levied for the organ-					 	
	tion's benefit and either paid to					/	
	expended on its behalf					/	
	•		1		 	 / 	
	value of services or facilities					<i>y</i> 1	
	nished by a governmental unit to				/	[
	organization without charge		 		 		
	al. Add lines 1 through 3	201000000000000000000000000000000000000	04200000000000000000000000000000000000	02000.000000000000000000000000000000000	* ************************************	x 0000-0000-0000-0000	
	portion of total contributions				////		
•	each person (other than a				/		•
_	remmental unit or publicly						
•	ported organization) included				//		
	line 1 that exceeds 2% of the				/		
	ount shown on line 11,			/	(
colu	ımn (f)			/			
	olic support. Subtract line 5 from line 4			///////////////////////////////////////			
Section	n B. Total Support						
Calendar	year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Am	ounts from line 4						
8 Gro	ss income from interest,						
divi	dends, payments received on						
sec	urities loans, rents, royalties,	1			ļ		
and	income from similar sources		/		· ·		
9 Net	income from unrelated business						
actı	vities, whether or not the	i	/				
	iness is regularly carried on		/				
	er income Do not include gain						
	oss from the sale of capital		/				
	ets (Explain in Part VI)		/				
	al support. Add lines 7 through 10		×***	W. 4220 W. 2000 C.	****		
	ss receipts from related activities,	etc. (see instruction	lucy	:hoshnash.xononoo x.axaanoo.oo xoro	*Tecopognoco megagamana	12	
	t five years. If the Form 990 is for	• /	•	l fourth or fifth to	av vaar as a sactioi		
	anization, check this box and stor	• /	s mst, second, time	i, lourar, or mar te	ax year as a section	1 30 1(0)(3)	▶□
	n C. Computation of Publi		centage				
	lic support percentage for 2018 (I		<u>-</u>			144	
		/		(ו) חודוטוכ		14	<u>%</u>
	lic support percentage from 2017	/	-		14 - 20 1/00/ -	15	<u>%</u>
	1/3% support test - 2018. If the c	/		line 13, and line	14 IS 33 1/3% or m	iore, check this box	and
-	here. The organization qualifies		•				. ▶⊔
	1/3% support test - 2017. If the c				l line 15 is 33 1/3%	or more, check this	box
	stop here. The organization qual		=		46.46		▶□
	-facts-and-circumstances test	-					•
	if the organization meets the "fac					rt VI how the organi	zation
	ets the "facts-and-circumstances"				_		▶□
b 10%	-facts-and-circumstances test	- 2017. If the orga	anization did not cl	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is 1	0% or
	e, and if the organization meets th				•		
	anization meets the "facts-and-circ						· >
18 Priv	ate foundation. If the organizatio	n did not check a t	box on line 13, 16a	, 16b, 17a, or 17b	o, check this box a	nd see instructions	▶ □
					Sche	dule A (Form 990	or 990-EZ) 2018
	/						

Schedule A (Form 990 or 990-EZ) 2018 NC , INC .

56-1379068 Page 3

Part III	Support Schedu	le for	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 b	elow, please comp	olete Part II)				
Se	ction A. Public Support		.				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						/
	membership fees received. (Do not						/
	include any "unusual grants.")					1	/
2	Gross receipts from admissions,						/
	merchandise sold or services per-					/	
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose					 	
3	Gross receipts from activities that					/	ŀ
	are not an unrelated trade or bus-		İ			/	İ
	iness under section 513				ļ	 / 	
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to				/	1	
	or expended on its behalf						<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to	ļ l					
	the organization without charge	,					
6	Total, Add lines 1 through 5				1		
	Amounts included on lines 1, 2, and				/	1	
1 0	• •				/		
	3 received from disqualified persons Amounts included on lines 2 and 3 received			/			
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	,					
	amount on line 13 for the year			//	ļ		
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)				, , , , , , , , , , , , , , , , , , ,	1 / 1	
Sec	ction B. Total Support	···					
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		/				
10a	Gross income from interest,						
	dividends, payments received on]		
	securities loans, rents, royalties, and income from similar sources				i	l	
h	Unrelated business taxable income				<u> </u>		
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	· · ·		/			<u> </u>	
	Add lines 10a and 10b		7				
	Net income from unrelated business activities not included in line 10b.		*		ı		•
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital	/					
	assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ition,
	check this box and stop here	,		•	•	(, , , ,	▶ □
Sec	tion C. Computation of Public	Support Per	centage				
	Public support percentage for 2018 (In			olumo (fl)		15	
	Public support percentage from 2017			,Old (1))		16	<u>%</u>
<u> </u>	tion D. Computation of Inves	tment Income	Percentage			1 10 1	70
				10 1 ""			
	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
	Investment income pércentage from 2	•	•			18	<u>%</u>
19a	33 1/3% support tests - 2018. If the	-					' is not
	more than 33 1/3%, check this box an	d stop here. The	organızatıon qualıl	ies as a publicly s	upported organiza	tion	▶
b	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec	k this box and ste	op here. The organ	nization qualifies a	is a publicly suppo	orted organization	ightharpoons
20	Private foundation. If the organization						▶ □
2202	2 10 6 10				Cob	adula A /Farm 000	000 E7) 0010

Part V 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 (as 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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THE WALDORF EDUCATIONAL ASSOCIATION OF NC. INC.

	dule A (Form 990 or 990-EZ) 2018 NC , INC .	56-137906	<u>8 P</u>	age 5
Pa	Supporting Organizations (continued)			
		Con survivor	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<u> </u>
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		WW/	***
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	20320000	88220222
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year		***	*****
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.			Ь
Sec	tion C. Type II Supporting Organizations			Г
		*** *********************************	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
	1	Same	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		***	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	_ 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		***	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions).		
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 ent	ity (see instructions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	38333	*****	
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		***************************************
h	that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	****	2000 B
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
,	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	2b	3539938*x*	100000000000000000000000000000000000000
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	2007.00	200000-00000
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			 3333
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L
	A			

Sch	edule A (Form 990 or 990-EZ) 2018 NC , INC .			6-1379068 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	······································
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in P	art VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sec	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		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		•
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in 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	w .	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting organ	ization (see
	instructions)	-		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 NC, INC. 56-1379068 Page 7 Part V 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 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 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 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c. Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 NC,	INC.	- 56-1379068 Page 8
Pärt VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1, Part IV, Section D, lines 2 ar	 Provide the explanations required by Part II, I c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, I 	ine 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section B, lines 1 and 2, Part IV, Section C, d 3b, Part V, line 1; Part V, Section B, line 1e, Part V,

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

THE WALDORF EDUCATIONAL ASSOCIATION OF

Open to Public Inspection

OMB No 1545-0047

Employer identification number 56-1379068

	NC, INC.		56-1379068
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	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		
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 advise	d funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	organization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it	<u> </u>	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	Land volunteer hours devoted to mornioring, inspecting,	Transming of Violations, and emorating conse	valion casements daining the year
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enforcing conservation	on easements during the year
•	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er 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	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	c 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 treatment	asures, or other similar assets for financial (gain, provide
	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		\$
h	Assets included in Form 990, Part V		▶ €

	. THE WAL	DORF EDUCA	TIONAL	ASS	CIATIO	ON OF			
Sche	edule D (Form 990) 2018 NC , INC						56-	1379068 F	Page 2
	rt III Organizations Maintaining C		t. Histori	cal Tre	asures. o	r Other			
3	Using the organization's acquisition, access								
_	(check all that apply)	,	,	,					-
а	Public exhibition		ı 🗀 Loa	ın or exc	hange progr	ams			
b	Scholarly research		oth		3.3				
c	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they t	urther th	ie organizatio	on's exemi	ot purpose in	Part XIII	
5	During the year, did the organization solicit	-	-		-				
	to be sold to raise funds rather than to be m							Yes	□No
Pai	t IV Escrow and Custodial Arran					"Yes" on F	orm 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Pa		`						
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for con	tributions	s or other as	sets not in	cluded		
	on Form 990, Part X?		-					Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	•					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escr	ow or cu	istodial acco	unt liability	/?	Yes _	No
	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete	if the organization ar	swered "Ye	s" on Fo					
		(a) Current year	(b) Prior	year	(c) Two yea	rs back (d) Three years b	oack (e) Four years	back_
1a	Beginning of year balance								
b	Contributions		ļ						
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities	1							
	and programs			_					
f	Administrative expenses								
g	End of year balance		<u> </u>						
2	Provide the estimated percentage of the cur	rent year end balanc		olumn (a)) held as				
a	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
ο-	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are	e neid an	a administer	ea for the	organization	Yes	No
	by							3a(i)	No
	(i) unrelated organizations (ii) related organizations							3a(ii)	
.	If "Yes" on line 3a(ii), are the related organizations	stione lietad ac raquii	ed on Scho	dula B2				3b	
4	Describe in Part XIII the intended uses of the	•						[30]	
	t VI Land, Buildings, and Equipm		Willett Talla	<u> </u>					
	Complete if the organization answere). Part IV. lin	e 11a. S	ee Form 990	. Part X. Iır	ne 10		
	Description of property	(a) Cost or o	ĭ	(b) Cost			cumulated	(d) Book valu	
	, , , , ,	basis (investr		basis (eciation	` '	
1a	Land			76	1,703.			761,7	03.
	Buildings				5,640.	1,2	51,956.	2,193,6	
	Leasehold improvements			•					
	Equipment			15	2,060.		77,635.	74,4	25.
	Other				1,248.		95,263.	75,9	
	Add lines 1a through 1e (Column (d) must s	and Farm 000. Dark	Y /					3.105.7	97.

Schedule D (Form 990) 2018

Schedule	e D (Form 990) 2018 NC , INC .			56-1379068 Page 3
Part V	Investments - Other Securities.			, -
	Complete if the organization answered "\			
(a) Des	Cription of Security or Category (including name of secu	rity) (b) Book value	(c) Method of valuation (Cost or end-of-year market value
(1) Final	ncial derivatives			
(2) Clos	ely-held equity interests			
(3) Othe	er		,	
<u>(A)</u>				······································
(B)				
(C)				<u> </u>
(D)		<u> </u>	-	1
<u>(E)</u>				
<u>(F)</u>				
(G)				
<u>(H)</u>				•
	ol. (b) must equal Form 990, Part X, col. (B) line 12.			
Part V	Investments - Program Related	1.		
	Complete if the organization answered "Y			
	(a) Description of investment	(b) Book value	(c) Method of valuation (Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	•			
(7)				
(8)				•
(9)				NAN-MATUNANS, VETANA, E NATERANANASAN CONSOCIO DO CONOCIÓS DE CONSOCIÓS DE CONS
	ol. (b) must equal Form 990, Part X, col. (B) line 13.)▶		
Part I				_
	Complete if the organization answered "Y		11d See Form 990, Part X, line	
		(a) Description		(b) Book value
(1)				
(2)				
(3)	······································			
(4)				
(5)				
(6)			-	
<u>(7)</u>				
(8)				
(9)				
Total. (C Part∘X				· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Y			: X, line 25
<u>1. </u>	(a) Description of liability		(b) Book value	
	Federal income taxes	<u> </u>		
(2)				
(3)				
(4)				
(5)				
(6)	 			
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)

2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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) 2018 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 2,979,483. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a_ b Donated services and use of facilities 2b c Recoveries of prior year grants 20 43.005 d Other (Describe in Part XIII) 2d 43,005. e Add lines 2a through 2d 2e 2,936,478. 3 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 1,555,622. b Other (Describe in Part XIII) 1,555,622. c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 4,492,100. 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. 2.908.710. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 2b b Prior year adjustments c Other losses 2c 43,005 d Other (Describe in Part XIII) 2d 43,005. 2e e Add lines 2a through 2d 2,865,705. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 555,622 b Other (Describe in Part XIII) 1,555,622. 4c c Add lines 4a and 4b 4,421,327. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE SCHOOL HAS ADOPTED THE PROVISIONS OF FASB ASC 740, INCOME TAXES. USING THIS GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2019, 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) 2018 NC , INC . Part XIII Supplemental Information (continued)	56-1379068
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	33,5
RENTAL EXPENSES	9,4
TOTAL TO SCHEDULE D, PART XI, LINE 2D	43,00
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID AND TUITION REMISSION	1,555,62
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	33,5
RENTAL EXPENSES	9,43
TOTAL TO SCHEDULE D, PART XII, LINE 2D	43,00
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID AND TUITION REMISSION	1,555,62
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

Name of the organization

THE WALDORF EDUCATIONAL ASSOCIATION OF NC. INC.

2018

OMB No 1545-0047

Open to Public Inspection

Employer identification number 56-1379068

Partil YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, X other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, X catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the . period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain. X If you need more space, use Part II 3 THE ORGANIZATIONS RACIALLY NONDISCRIMINATORY POLICY IS AVAILABLE ON THE SCHOOL'S WEBSITE AS WELL AS IN ENROLLMENT PACKETS. Does the organization maintain the following? Х a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a X 4b b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student X admissions, programs, and scholarships? Х d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain If you need more space, use Part II. Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a b Admissions policies? 5b c Employment of faculty or administrative staff? 5с d Scholarships or other financial assistance? 5d e Educational policies? 5e f Use of facilities? 5f g Athletic programs? 5a h Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a b Has the organization's right to such aid ever been revoked or suspended? 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

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

Schedule E (Form 990 or 990-EZ) 2018

Schedule E	(Form 990 or 990-EZ) 2018 NC , INC .	56-1379068 P	age 2
Part II	(Form 990 or 990-EZ) 2018 NC, INC. Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	nd 7, as applicable.	
	Also provide any other additional information	, ,,	
	7400 provide any early additional information		
			
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		•	
			
		····	
		a	

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.

2018

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization THE WALDORF EDUCATIONAL ASSOCIATION OF NC, INC. Employer identification 56-1379068

Employer identification number

NC, INC	•				120-13/9	068
Fundraising Activities required to complete this par	Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individuals to the solicitation of the person solicitations.	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of ton of the fundration (includer)	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	to lot	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						
Total .						
List all states in which the organizatio or licensing	n is registered or licensed to solicit o	ontribu	itions	or has been notified	ıt ıs exempt from reg	gistration
				·		
	***-					

Schedule G (Form 990 or 990-EZ) 2018 NC, INC. 56-1379068 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through GALA/AUCTIONHOLIDAY FAIR 1 col (c)) (total number) (event type) (event type) 45,809. 17,850. 34,826. 98,485. Gross receipts 2 Less Contributions 17,850. 34,826. 98,485. 45,809. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes 4,000. 4,000. 6 Rent/facility costs 6,350. 6,017. 333. 7 Food and beverages 1,125. 1,125. 8 Entertainment 4,715. 5,758. 11,543 22,016. 9 Other direct expenses 33,491. 10 Direct expense summary Add lines 4 through 9 in column (d) 64,994. 11 Net income summary Subtract line 10 from line 3, column (d) Rart III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col. (c)) Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes % % 0/ 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2018 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	- -
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	
	13a %
b An outside facility	13b 9/
14 Enter the name and address of the person who prepares the organization's gaming/special events books	
14 Lines the name and address of the person who prepares the organization's gaming/special events books	and records
Name ▶	
Name	
Address ►	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revo	enue? Yes No
To be the organization have a contract with a time party from whom the organization receives gaming rev	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ar	od the amount
of gaming revenue retained by the third party > \$	id the amount
c If "Yes," enter name and address of the third party	
Cit Tes, enter hame and address of the time party	
Name	
Name y	
Address >	
Address	
16 Gaming manager information	
Ganing manager information	
Name >	
Name >	
Gaming manager compensation > \$	
Gaming manager compensation	
Description of services provided >	
Description of services provided	
	
Director/officer Employee Independent contractor	
Director/officer Employee Independent contractor	
47 Mandatan distributions	
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 spent in the
organization's own exempt activities during the tax year \$\\ \text{Partity} \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns of the explanations of the explanation of the	62 and () and Da Alli I are 0.01 and 1
	(iii) and (v), and Part III, lines 9, 95, 105,
15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions	
	
	
	
	
832083 10-03-18	Schedule G (Form 990 or 990-EZ) 2018

, Schadula G	/Form 990 or 990.F7\	NC	TNC.		m Appociati		56-1379068	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	mation	(continued)				30 1373000	Fage 4
744.44			100000					
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

1 8	Public *
20	Open t Insp

OMB No 1545-0047

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

Name of the organization THE WALLDOKF EDUCATIONAL ASSUCTATION OF NC. INC.	F EDUCAT.	LONAL ASSUC	LATION OF				Employer identification number $56-1379068$
ু Part জি General Information on Grants and Assistance	Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	substantiate the nce?	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	on X Yes No
	dures for monit	oring the use of grant 1	funds in the United	States			
法即刊邮 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be dublicated if additional space is needed	mestic Organiz 000 Part II can	ations and Domestic be duplicated if additic	and Domestic Governments. Cor Icated if additional space is needed	complete if the orgains	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table.	government org	janizations listed in the	e line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for	ee the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

Page 2

56-1379068

Schedule I (Form 990) (2018)

[Partills] Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION ASSISTANCE/SCHOLARSHIPS	129	1,112,007.	.0		
TUITION REMISSION	30	443,615.	.0		
Part W. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, lin	e 2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:					
TUITION SUPPORT IS AVAILABLE ON THE	BASIS	OF DEMONSTR	DEMONSTRATED NEED.	FAMILIES	
WHOSE RESOURCES ARE NOT SUFFICIENT	TO MEET	THE TOTAL COST	COST OF AN	EMERSON	
WALDORF SCHOOL EDUCATION MAY APPLY	FOR	FINANCIAL AID.	- 1	THE EMERSON WALDORF	
SCHOOL USES TADS, A FINANCIAL ASSESSMENT		ORGANIZATION	I, TO PROVIDE	DE A	
FRAMEWORK THROUGH WHICH HOUSEHOLD NEED	CAN	BE MEASURED	D FAIRLY AND	ND	
EQUITABLY. RECOMMENDATIONS FROM TADS	WILL	BE SENT TO	THE TUITION	TUITION ADJUSTMENT	
COMMITTEE AT THE SCHOOL. THESE RECOMMENDATIONS,	OMMENDATI		ALONG WITH FAMILIES'	LIES'	
VE RESPONSES, WILL BE USED	TO ADJUST	ADJUST TUITION E	EACH SCHOOL YEAR.	YEAR.	
832102 11-02-18		2			Schedule I (Form 990) (2018)

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

► 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.

2018

OMB No 1545-0047

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
	NC.	INC.			

Employer identification number 56-1379068

Part I Excess Bene	<u> </u>											
Complete if the c	organization answ	vered "Yes" on F	orm 9	90, Pa	rt IV, line 25a or 25b	o, or Form 990-EZ, Pa	art V, I	ine 40	b			
1	(b) F	Relationship betv			ified	c) Description of tran	scactic			(d)	Corre	cted?
(a) Name of disqualified p	erson	person and or	ganıza	tion	,	Description of trai	isactic)/ I		Y	es	No
						· · · · · · · · · · · · · · · · · · ·						
										ا ــــــــــــــــــــــــــــــــــــ		
												
2 Enter the amount of tax is section 49583 Enter the amount of tax,	•	-	-		·	ing the year under		► \$ ► \$				
Part II Loans to and/or From Interested Persons.												
Complete if the o	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 amou	•				•	, ,	•		•			
(a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Los from organiz	en to or	(e) Original principal amount	(f) Balance due	(g defa) In ault?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
							<u> </u>	<u> </u>				
									<u> </u>			

Total
| Part III | Grants or Assistance Benefiting Interested Persons.

Complete if the organization	answered "Yes" on Form 990, Pa	rt IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type o assistand		(e) Purpose o assistance	of
		28,750.	TUITION A	ASSIS	REDUCTION	IN
		34,650.	TUITION F	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) 2018

56-1379068 Page 2 Schedule L (Form 990 or 990 EZ) 2018 NC, INC. Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of organization's revenues? (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of person and the organization transaction transaction Yes No Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS: (C) AMOUNT OF GRANT \$ 28,750. (D) TYPE OF ASSISTANCE: TUITION ASSISTANCE (E) PURPOSE OF ASSISTANCE: REDUCTION IN TUITION FOR BOARD MEMBERS (C) AMOUNT OF GRANT \$ 34,650. (D) TYPE OF ASSISTANCE: TUITION REMISSION (E) PURPOSE OF ASSISTANCE: REDUCTION IN TUITION FOR OFFICERS/BOARD MEMBERS THAT ARE ALSO FACULTY/STAFF

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Part Types of Property

Noncash Contributions

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

Attach to Form 990.

INC.

NC,

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

Name of the organization THE WALDORF EDUCATIONAL ASSOCIATION OF

2018
Open to Public Inspection

OMB No 1545-0047

Employer identification number 56-1379068

XXXXXXXX	Announce				
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art		items contributed	Tomi 930, Part VIII, line Tg	
2	Art - Works of art Art - Historical treasures	· · · · · · · · · · · · · · · · · · ·			
3	Art - Fractional interests				
4					
-	Books and publications		200		
5 6	Clothing and household goods Cars and other vehicles	X	1	1,079.	EMV
_	Boats and planes	A		1,015.	111
7	•				
8	Intellectual property	X	5	62,523.	EM7
9	Securities - Publicly traded	A		02,323	111
10	Securities - Closely held stock Securities - Partnership, LLC, or				
11	trust interests				
10					
12 13	Securities - Miscellaneous Qualified conservation contribution -				
13	Historic structures				
14	Qualified conservation contribution - Other	-	<u> </u>		
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	<u> </u>			
21	Taxidermy				· · · · · · · · · · · · · · · · · · ·
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other		-		
26	Other • ()				
27	Other (
28	Other (
<u>29</u>	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions	
	for which the organization completed Form 828	-	•		•
				<u> </u>	Yes No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that rt
	must hold for at least three years from the date				F0090796911602922.L39130690949300
	exempt purposes for the entire holding period?		•	•	30a X
b	If "Yes," describe the arrangement in Part II				
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	
32a	Does the organization hire or use third parties of	-	•		
-	contributions?			.,,	32a X
b	If "Yes," describe in Part II				
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked.
	describe in Part II	(5)	21 EE)	(2)	

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

Schedule M (Form 990) 2018

Schedule M	(Form 990) 2018	NC,	INC.					-5500				56	-137	9068	Р	age 2
Part II	Supplemental is reporting in Part this part for any ac	Inforr	nation.	Provide numbe	e the info	ormation ributions	required s, the nu	l by Pan mber of	t I, lines items re	30b, 32 eceived,	b, and 3 or a con	3 and w	hether ti	ne organiz	ation	
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-FZ.

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE WALDORF EDUCATIONAL ASSOCIATION OF NC, INC.

2018
Open to Public Inspection

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:
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ARTICLE IV OF THE WALDORF EDUCATIONAL ASSOCIATION OF NORTH CAROLINA BYLAWS

DEFINES MEMBERS OF THE ORGANIZATION AS PEOPLE WHO DECLARE THEMSELVES

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
832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

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.