SCANNED APR 2 7 2022

2949<u>3</u>03600915500472 **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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

<u>A</u> !	For th	e 2019 calendar year, or tax year beginning JUL 1, 2019 and endin	g J	UN 30, 20	20_				
В	Check (C Name of organization THE WALDORF EDUCATIONAL ASSOCIATION OF		D Employer ide	entificat	ion number			
	Addr	ess NG TNG							
	Nam chan			56-1379068					
	Initia returi Final	Number and street (or P.O. box it mail is not delivered to street address) Room/	E Telephone number 919-967-1858						
_	retun termi ated		G Gross receipts \$		4,644,019.				
	Amer	nded CUADET UTIT NC 27516	ı	H(a) Is this a gro	up retur				
\vdash	Appli		E	for subordii		Yes X No			
	pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No								
1		tempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)(a)	527	- •		. (see instructions)			
_	_	ite: WWW.EMERSONWALDORF.ORG		H(c) Group exer					
			Year o			tate of legal domicile: NC			
Pa	art I	Summary	100.0	. 10.1.1.2.1.2.1.2		tate of fogal dollinose v -			
Ь	1		RSOI	WALDORF	SCH	OOL			
çe		PROVIDES AN INTEGRATED WALDORF CURRICULUM AN		NVIRONMEN		IICH			
Governance	2	Check this box If the organization discontinued its operations or dispose Organization discontinued its operation discontinue		hen 25/ For Its ne	t assets				
Ver	3	Number of voting members of the governing body (Part VI, line 1a)			⊅	16			
ဗိ	4			1 - 0004	81	12			
Activities &	5	Number of independent voting members of the governing body (Part VI, line 1b Total number of individuals employed in calendar year 2019 (Part V, line 2a)	₩AY	17 2021	h <u>.</u>	94			
Ĕ	6	Total number of volunteers (estimate if necessary)			<u> </u>	125			
ξį	1	Total unrelated business revenue from Part VIII, column (C), line 12	GD	EN, UT	清	2,325.			
¥	1	Net unrelated business taxable income from Form 990-T, line 39	<u> </u>		7b	0.			
	 	The amount of the second secon	T	Prior Year		Current Year			
nue Tue	8	Contributions and grants (Part VIII, line 1h)		178,12	0.	316,258.			
	9	Program service revenue (Part VIII, line 2g)		4,220,62		4,252,627.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,89		2,659.			
盎	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		88,45		49,991.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	 	4,492,10		4,621,535.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	+	1,555,62		1,582,699.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>		0.	0.			
	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	2,096,21		2,138,598.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	\vdash		0.	0.			
en	1	Total fundraising expenses (Part IX, column (D), line 25)	\vdash		- 				
EXT		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	\vdash	769,48	7	698,778.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	4,421,32		4,420,075.			
		Revenue less expenses. Subtract line 18 from line 12	\vdash	70,77		201,460.			
		nevenue less expenses. Subtract line 10 from line 12	Pagi	nning of Current Y					
Net Assets or Und Balances	20	Total assets (Part X, line 16)	Dedi	3,722,61		End of Year 4,033,126.			
SSE Bali	21	Total liabilities (Part X, line 16)	\vdash	1,512,71		1,621,766.			
let/	22	Net assets or fund balances. Subtract line 21 from line 20	\vdash	2,209,90		2,411,360.			
سيکے	rt II	Signature Block	Ь	2,205,50	<u> </u>	2,411,500.			
		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tomoni	to and to the heat o	of my kno	uladae and helief it is			
	•	thes or perjuly, it deciate that i have examined this return, including accompanying schedules and sta- part, and complete. Declaration of pr <u>ep</u> arer (other than officer) is based on all information of which prep			it tity Kito	wieuge and belief, it is			
true,	COLLEC		Jai Ci III	3//2	10	2.1			
C:	_	Signature of officer		Date	- / 2	0'/_/			
Sigr		COLLEEN EVERHART-MASSIE, DIRECTOR OF PEDAG	2003	_	TN				
Her	В	Type or print name and title	נטטפ	AND ADM	T 1/4				
			I Da	te Chec		PTIN			
$1 \times 1 \times$									
Paid		KRISTEN HOYLE, CPA				P00118964)			
Prep		Firm's name THOMAS, JUDY & TUCKER P.A.		Firm's EIN	20	<u>-1965804</u>			
Use Only Firm's address 300 WEST MORGAN STREET SUITE 1450 DURHAM, NC 27701 Phone no.919-571-7055									
		DURHAM, NC 27701		I Phone no.	J T J -				
		RS discuss this return with the preparer shown above? (see instructions)				X Yes No			
93200	1 01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form 990 (2019)			

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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	m 990 (2019) NC, INC.	<u>56-1379068</u>	Page 2
Pa	art 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 WALDORF	' CURRICULUM	
	AND ENVIRONMENT WHICH ENCOURAGE AND PROMOTE INDEPENDENT T	HINKING AND	
	SOCIAL RESPONSIBILITY AS WELL AS ACADEMIC AND ARTISTIC EX	CELLENCE.	
	THE UNIQUE GIFTS AND CONTRIBUTIONS OF EACH CHILD ARE HONO	RED 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	XNo
	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?	Vec	XNo
•	If "Yes," describe these changes on Schedule O.		<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	neacured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	• •	
		, the total expenses, ar	na
40	revenue, if any, for each program service reported. (Code) (Expenses \$3,895,689. including grants of \$1,582,699.) (Revenue)	4,268,	200
4a	(Code) (Expenses \$3,895,689. including grants of \$1,582,699.) (Revenue THE WALDORF EDUCATIONAL ASSOCIATION OF NORTH CAROLINA, IN		200.
			ana -
	BUSINESS AS EMERSON WALDORF SCHOOL, OPERATES AS A SCHOOL		GES
	AND SPONSORS EDUCATIONAL ACTIVITIES IN NORTH CAROLINA BAS		
	PRINCIPLES AND PHILOSOPHIES GIVEN BY RUDOLF STEINER. THE		
	PROVIDES STUDENTS A STRONG FOUNDATION IN LITERATURE, FORE		Ε,
		MATICS, AND	
	SCIENCE; RESPONDS TO THE NEEDS OF THE CHILD AT EACH STAGE		
	DEVELOPMENT; AND PROMOTES CREATIVITY, CRITICAL THINKING,		ONG
	LOVE OF LEARNING. THIS FISCAL YEAR, THE SCHOOL SERVED CHI	LDREN IN	
	NURSERY SCHOOL THROUGH HIGH SCHOOL. OUR STUDENTS MEET AND	EXCEED THE	
	STATE AVERAGE SAT SCORES AND ARE ROUTINELY ACCEPTED INTO	PRIVATE AND	
	PUBLIC COLLEGES AND UNIVERSITIES.		
4b	(Code) (Expenses \$	\$)
4 -			
4c	(Code) (Expenses \$) (Revenue :	ቆ)
		<u> </u>	
		·-	
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe on Schedule O.)		
		1	
— 4е	Total program service expenses ► 3,895,689.		
	Total program delivide expended # 3 0 3 3 0 0 3	QC	0 (2019)
		rom sa	- (ZU 13)

Form 990 (2019) 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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u>L</u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<u> </u>	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?]		
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	l	•	
	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	
b	5			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_ X
d	,			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		. 1	
	Schedule D, Parts XI and XII	12a	_X	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
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		<u> </u>
þ	, , , , , , , , , , , , , , , , , , , ,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		- 1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	l	I	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<u>.</u>	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	1		
	domestic government on Part IX, column (A), line 12 If "Yes." complete Schedule I. Parts Land II	21	ı	Х

Form 990 (2019)

THE WALDORF EDUCATIONAL ASSOCIATION OF NC. INC. 56-1379068 Form 990 (2019) Page 4 Part IV Checklist of Required Schedules (continued) Ye<u>s</u> No 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 27 If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х Schedule .I. 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K If "No." go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L. Part I 25h 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X Part V line 1 34 . .. X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R, Part V, line 2. 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 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 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 X Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 41 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1h

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

(gambling) winnings to prize winners?

Part V

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No Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 94 filed for the calendar year ending with or within the year covered by this return X 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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? 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? 5c 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? 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). 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? 7c . . . d If "Yes," indicate the number of Forms 8282 filed during the year 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? 7q 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. 9 a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h Section 501(c)(7) organizations. Entera Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 organization is licensed to issue qualified health plans 13b 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 on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Form 990 (2019)

Form 990 (2019) NC, INC.

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Pana 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 on Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction 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 16			
	If there are material differences in voting rights among members of the governing body, or if the governing		1	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	<u> </u>	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b_	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ļ		
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		j	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	Х	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ı		
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
L	taxable entity during the year?	16a		X
D	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?	40h	-	
Sec	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NC			
: <i>:</i>	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	ank d s	w raulah	
	for public inspection. Indicate how you made these available. Check all that apply.	ority) a	ivailaD	IC
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and its	inanc	al	
	statements available to the public during the tax year.	ıı ıaı ICI	aı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARY DEUTSCH - 919-967-1858			
	6211 NEW JEDICHO DOND CHARE UTIL NC 27516			

Form 990 (2019) 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.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	nıza	tion	con	nper	nsat	ed any current officer, d	rector, or trustee.	
(A)	(B)	1			C)			(D)	(E)	(F)
Name and title	Average	l (de	POSITION (do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable	Estimated
	hours per	box					h an	compensation	compensation	amount of
	week	\vdash	cerar	io a o	recto	tor/trustee)		from	from related	other
	(list any	recto		1			İ	the	organizations	compensation
	hours for related	e or d	部			safed	l	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	al trus		æ	mpen		(** 27 1005 141100)		and related
	below	Individual trustee or director	Institutional trustee	<u></u>	윦	35 SS	₂₅			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	F			
(1) LAURA GUINAN	40.00									
BOARD MEMBER & TEACHER		X					<u> </u>	40,729.	0.	12,566.
(2) MARK HULBERT	10.00									
PRESIDENT		X	Щ	X		<u></u>	<u></u>	0.	0.	0.
(3) PETER MCKINNIS	10.00									
SECRETARY		X		X		L_	L	0.	0.	0.
(4) ROBIN OLSON	40.00		i				ŀ			
BOARD MEMBER & TEACHER		X	L_					45,552.	0.	11,372.
(5) MARK DAVIS	10.00							<u> </u>	_	_
TREASURER		X	L	Х				0.	0.	0.
(6) THERISA PIENAAR	40.00								_	
BOARD MEMBER & FACULTY		X	Ц			L		40,667.	0.	36.
(7) MICHAEL AWAI	5.00							_	_	
BOARD MEMBER		Х	Ц					0.	0.	0.
(8) CHARLES VILES	5.00								İ	
BOARD MEMBER		X						0.	0.	0.
(9) SIMS PRESTON	5.00	li						.		
BOARD MEMBER		X						0.	0.	0.
(10) AMY JOHNSON	5.00									
BOARD MEMBER		Х	_	_				0.	0.	0.
(11) COREY MCINTYRE	5.00		l							
BOARD MEMBER		X	_	_				0.	0.	0.
(12) DUSHYANTH SURAKANTI	5.00							_	_	
BOARD MEMBER		Х						0.	0.	0.
(13) MARGARET BRADY	5.00					ĺ				
BOARD MEMBER	10.00	X	-	_				0.	0.	0.
(14) GARETH DICKER	40.00			ŀ	ı					
BOARD MEMBER & TEACHER		Х	_		_	\dashv		34,117.	0.	6,577.
(15) COOPER HARRIS	5.00									•
BOARD MEMBER		X	_					0.	0.	0.
(16) KATHRYN MENTZ	5.00		ļ						_ [•
BOARD MEMBER	40.00	X	_					0.	0.	0.
(17) HARRY KAVROS	40.00			_	ļ			40 415	_	0 425
DIRECTOR OF ADMINISTRATION				X				48,417.	0.	8,477.

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page 9

			Check if Schedule O	contains a	response	or note to any li	ne in this Part VIII			🖂
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns Membership dues		1a 1b		1			35000013 312 - 314
Q 6		С	Fundraising events		1c]			
iifts ar A		d	Related organizations		1d]			
s, G		e	Government grants (contr	nbutions)	1e			_		
tion		f.	All other contributions, gifts,	grants, and						
the state			similar amounts not included	l above	1f	316,258.	_			
d tr		g	Noncash contributions included in	lines 1a-1f	1g \$	49,228.				
ပ္သို့		h '	Total. Add lines 1a-1f		· .	<u> </u>	316,258.			
						Business Code		1 0 0 0 0 0 0 0		
e	2		TUITION, NET			611710	4,079,894.	4,079,894.		-
Program Service Revenue			OTHER STUDENT			611710	111,148.			
n Si			FACILITY MAIN			611710	49,860.	49,860.		
lran 3ev		d :	PARENT ORGANI	ZATIO	N DU	611710	11,725.	11,725.		
og T		е.								
۵.			All other program service	revenue			4 252 627	 		
			Total. Add lines 2a-2f				4,252,627.	<u> </u>		
	3		Investment income (includ	aing aiviaei	nas, intere	est, and	2,659.			2,659.
			other similar amounts)		 ـ ادمدنا هم		2,039.			2,059.
	4 5		Income from investment of Royalties	i tax-exem	рг вола р	roceeds				
	3	'	noyalies	<u> </u>) Real	(ii) Personal				
	6	. (Gross rents		,050.	(1) 0.00.1.0.	1			
	Ü		Less rental expenses		,175.		1			
ļ			Rental income or (loss)		,875.	·	1			
			Net rental income or (loss)			<u> </u>	3,875.		2,325.	1,550.
			Gross amount from sales of		ecurities	(ii) Other	·			
	-		assets other than inventory	7a						
			Less: cost or other basis							
g		a	and sales expenses	7b						
ther Revenue		c (Gain or (loss)	7c		_				
§		d 1	Net gain or (loss)			_				
힐	8	a (Gross income from fundraisir	ng events (n	ot					
8		11	ncluding \$		of					
İ		c	contributions reported on	line 1c). Se	ee					
		F	Part IV, line 18		<u>8a</u>	44,852.				
	- 1		Less: direct expenses		8b	14,309.	20 542			
			Net income or (loss) from t	_		<u> </u>	30,543.			30,543.
	9 :		Gross income from gaming	g activities					l	
			Part IV, line 19		9a			1		
			_ess. direct expenses		<u>9b</u>					
			Net income or (loss) from (
	10 8		Gross sales of inventory, le	ess returns	1.					
1			and allowances		10a 10b					
			Less cost of goods sold Net income or (loss) from s	sales of ini		<u> </u>				
\dashv		۱ <u>۱ م</u>	ver income or hoss) nom s	sales OI IIIV	Cittory	Business Code			-	
Sn	11 a	. (OTHER REVENUE		ł	611710	15,573.	15,573.		
ee a	''' 6	_				/	,			
Miscellaneous Revenue		_				-				
Be	ì	_	All other revenue	-						·
Σ			Fotal. Add lines 11a-11d	•			15,573.			
	12		Total revenue. See instruction	ns	•	. •	4,621,535.	4,268,200.	2,325.	34,752.

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Form 990 (2019) NC , INC .

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp	oloto all columns. All othe	or organizations must oor	noloto column (A)	
Seci	Check if Schedule O contains a respon			npiete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,582,699.	1,582,699.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	255 764	244 670	0.040	1 144
	trustees, and key employees	255,764.	244,678.	9,942.	1,144.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	1,589,541.	1,245,539.	303,908.	40,094.
~	persons described in section 4958(c)(3)(B)	1,303,341.	1,245,555.	303,308.	40,094.
7	Other salaries and wages Pension plan accruals and contributions (include		-		
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	161,254.	127,288.	33,966.	
10	Payroll taxes	132,039.	102,354.	21,983.	7,702.
11	Fees for services (nonemployees)				.,,.,
	Management				
b	Legal				
c	Accounting	15,250.		15,250.	
d	Lobbying			**	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	47,612.	46,609.	884.	119.
12	Advertising and promotion	22,931.		22,931.	·····
13	Office expenses	96,885.	90,539.	4,652.	1,694.
14	Information technology	9,778.	9,778.		
15	Royalties	50 760	57-000	4 400	
16	Occupancy	58,762.	54,280.	4,482.	
17	Travel	18,801.	18,785.	16.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	3,085.	3,085.	···	··· · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings	52,525.	47,967.	4,558.	
20	Payments to affiliates	J4, J4J.	41,301.	4,330.	
21 22	Depreciation, depletion, and amortization	128,365.	117,084.	11,281.	
23	Insurance	33,395.	30,452.	2,943.	
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	106,982.	97,698.	9,284.	
b	DUES AND SUBSCRIPTIONS	24,456.	24,456.	, = = - 1	
c	DEVELOPMENT EXPENSE	13,622.			13,622.
ď	LICENSES AND ACCREDITAT	13,598.	13,598.		
e	All other expenses	52,731.	38,800.	13,850.	81.
25	Total functional expenses. Add lines 1 through 24e	4,420,075.	3,895,689.	459,930.	64,456.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		ľ		
	Check here ff following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

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Form 990 (2019)

NC, INC.

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 124,313. 321,139. 1 1 Cash - non-interest-bearing 395,907. 630,793. 2 2 Savings and temporary cash investments 14,000. 0. 3 3 Pledges and grants receivable, net 33,784. 28,482. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 11.721. 8,497. Notes and loans receivable, net 7 Inventories for sale or use 8 26,756. 27,312. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 4,569,397. basis. Complete Part VI of Schedule D 10a 3,105,797. 1,554,853. 3,014,544. 10b b Less. accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 10,337. 2,359. 15 Other assets. See Part IV, line 11 15 3,722,615. 4,033,126. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 86,171. 55,966. 17 Accounts payable and accrued expenses 17 18 Grants payable ... 18 232,992. 52,742. 19 19 Deferred revenue Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 1,193,552. 1,513,058. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,512,715. 1,621,766. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,987,168. Net assets without donor restrictions 27 2,241,410. 222,732. 169,950. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 2,209,900. 2,411,360. Total net assets or fund balances 32 32 3,722,615. 4,033,126. Total liabilities and net assets/fund balances

Form 990 (2019)

Forr	m 990 (2019) NC, INC.	56-	<u>-1</u> 379068	Pa	age 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	4,623	1,5	35.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,420	0,0	75.
3	Revenue less expenses. Subtract line 2 from line 1	3	201	<u>L</u> ,4	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,209	9,9	00.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,411	. , 3	60.
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990.		-	, 4	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).	2 **	` _	
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	n a			
	separate basis, consolidated basis, or both			•	
	Separate basis Consolidated basis Both consolidated and separate basis		· ' <u>-</u>		_
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate to	oasis,			•
	consolidated basis, or both		[•]		
	X Separate basis Consolidated basis Both consolidated and separate basis			Ϋ	-
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	lule O.		.]	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	e Audı	t		
	Act and OMB Circular A-133?		. За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit	:		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

THE WALDORF EDUCATIONAL ASSOCIATION OF

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

		NC,	INC.					!	56-1379068			
Pa	art I	Reason for Public	Charity Status	(All organizations must o	omplete ti	ns part.) S	ee instructions					
The	organ	zation is not a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)			~			
1		A church, convention of ch	urches, or association	on of churches describe	dın secti	on 170(b)((1)(A)(i).		$K \cup K$			
2	X	A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (For	m 990 or 9	90-EZ))			\mathcal{O}			
3		A hospital or a cooperative	hospital service org	anızatıon described ın s	ection 17	0(b)(1)(A)(i	iii).					
4		A medical research organiz	zation operated in co	njunction with a hospita	l describe	d in section	on 170(b)(1)(A)	(iii). Ente	r the hospital's name,			
		city, and state.										
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental ur	nt describ	ed in			
		section 170(b)(1)(A)(iv). (Complete Part II)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that norma	ally receives a substa	intial part of its support f	from a gov	ernmental	unit or from th	e general	public described in			
		section 170(b)(1)(A)(vi). (C	Complete Part II.)									
8	\square	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Pa	rt II.)							
9	Ш	An agricultural research org	=					-				
		or university or a non-land-	grant college of agric	culture (see instructions).	. Enter the	name, city	, and state of t	he colleg	e or			
		university:										
10		An organization that norma	=						=			
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more that	n 33 1/3% of its	support	from gross investment			
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqui	ired by the orga	anization	after June 30, 1975.			
		See section 509(a)(2). (Co			_							
11	닏	An organization organized	•	•	•				_			
12	ш	An organization organized	•	•	•		·-	•	•			
		more publicly supported or	_						Check the box in			
		lines 12a through 12d that				•		-				
а	<u> </u>	Type I. A supporting orga	•	·	•	-						
		the supported organization	• • •	=	a majority o	or the direc	ctors or trustee	s of the s	upporting			
		organization. You must o	•				ad avaan-ation	(a) b b a.				
þ		Type II. A supporting org	•				-		•			
		control or management o organization(s). You mus			ame perso	ns mai co	ntror or manag	e trie sup	ported			
_		Type III functionally inte	•		in connec	tion with s	and functionally	, integrate	ad with			
C	L	its supported organization	-				_	/ integrate	sa with,			
d		Type III non-functionally		·			-	ed organi	zation/s)			
u		that is not functionally int	-					-	• •			
		requirement (see instructi	=		•			21 4110/11	V011000			
_		Check this box if the orga	•	•	•			Type III				
·		functionally integrated, or					. , , , , , , , , , , , , , , , , , , ,	, . , pc				
f	Ente	r the number of supported of	• •	т., т								
a		ide the following information	•	d organization(s).		• •	•	•				
		Name of supported	(ii) EIN	(III) Type of organization	(iv) is the organic in your govern	inization listed ng document?	(v) Amount of r	•	(vi) Amount of other			
_		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)			
							1					
]				1			
_							<u> </u>					
_				· · · · · · · · · · · · · · · · · · ·								
		ļ										
					l							

Schedule A (Form 990 or 990-EZ) 2019 NC , INC. 56-1379068 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (b) 2016 Calendar year (or fiscal year beginning in) (a) 2015 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 % % 15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33 1/3% support test -/2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the/"facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Pá	art III Support Schedule for	Organizations	Described in	Section 509(a)(2)		
	(Complete only if you checked	d the box on line 1	0 of Part I or if the	organization failed	d to qualify under	Part II. If the organi	zation fails to
	gualify under the tests listed t	oelow, please com	plete Part II.)				
Se	ction A. Public Support		<u></u>				
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						1
	membership fees received. (Do not		İ				
	include any "unusual grants.")			ļ			
2	Gross receipts from admissions,	1					
	merchandise sold or services per- formed, or facilities furnished in			l			
	any activity that is related to the	1				1	
	organization's tax-exempt purpose		ļ				
3	Gross receipts from activities that			}			1
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	-					
	ization's benefit and either paid to						
	or expended on its behalf				ļ		
5	The value of services or facilities	1					
	furnished by a governmental unit to				1		
	the organization without charge						
	Total. Add lines 1 through 5			/	ļ		ļ
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				ļ		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		//		<u> </u>		
c	Add lines 7a and 7b				ļ		
	Public support. (Subtract line 7c from line 6)	L	L_/		<u> </u>		<u> </u>
	ction B. Total Support	-				 ·	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 6	/				-	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	 /					
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	/	<u> </u>				
	Add lines 10a and 10b Net income from unrelated business	/					
""	activities not included in line 10b.]		
	whether or not the business is						
12	regularly carried on Other income. Do not include gain				<u> </u>		
12	or loss from the sale of capital						
	assets (Explain in Part VI.)					 	
	Total support. (Add lines 9, 10c, 11, and 12)			1.6.4.604	<u> </u>		
14	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth ta	ix year as a section	n 501(c)(3) organiza	ition,
500	check this box and stop here tion C. Computation of Public	c Support Per	centage			- · 	
				al (6)		lam I	
	Public support percentage for 2019 (li			olumn (t))		15	
	Public support percentage from 2018 tion D. Computation of Inves					16	%
	Investment/income percentage for 20			20 12 column (f)	 	12	
			· · ·	ie 13, coluinin (i))	•	17	%
	Investment income percentage from 2			n line 1.4 and line	15 is mars than 2	18 3 1/394 and kno 17	<u>%</u>
	33 1/3% support tests - 2019. If the						is not
	more than 33 1/3%, check this box an				· · · -		►
	33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, chec					·	IU
	Private foundation. If the organization						
				,	,,,,,,		

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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?
- 6 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.)

		Var	A1 -
		Yes	No
	1	-	
	2	+	<u> </u>
	3a		
	3b		
	35	1	
	3c	<u> </u>	
	4a		
	4b		
	40		
	4c		
	5a	 	
	5b		
	5c		
		•	
	6		
	7		
	8		
l			
1	9a		
	9b		
	0-		
ŀ	9c		
}	10a	-	
	10b		
90	90 or 99	0-FZ) 2	2019

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Pa	rt IV Supporting Organizations (continued)				
		_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?				1
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?	1	11a		1
b	A family member of a person described in (a) above?		11b		
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	ction B. Type I Supporting Organizations				
				Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ſ.			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ľ			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1	1
	controlled the organization's activities. If the organization had more than one supported organization,	1			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported				1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year		1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-	!		
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ł	ł
	·		•		ľ
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	ŀ	`	i	į
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		2	L	<u> </u>
000	ation of Type it dapporting organizations			T	T
4	Ware a majority of the eventuation of discrete my trustees discrete the trustees discrete the discrete my trustees discrete the discrete my trustees discrete the discrete my trustees discrete the discrete my trustees discrete the discrete my trustees discrete the discrete my trustees discrete the discrete my trustees discrete the discrete my trustees discrete the discrete my trustees discrete the discrete my trustees discrete my trustees discrete the discrete my trustees discrete the discrete my trustees dis	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed			ľ	
500	the supported organization(s).		_1	L	L
Sec	tion D. All Type III Supporting Organizations			г—-	
	Delth and the second of the se	_		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	İ			
	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	1			
	the organization maintained a close and continuous working relationship with the supported organization(s)	<u> </u>	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	i	
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 inst	ructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see ınstruc	tions)		
2	Activities Test. Answer (a) and (b) below.	_		Yes	No_
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1	
	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,	ŀ	j	İ	
	how the organization was responsive to those supported organizations, and how the organization determined		l		
	that these activities constituted substantially all of its activities.		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		l		
	reasons for the organization's position that its supported organization(s) would have engaged in these		ŀ	1	
	activities but for the organization's involvement.		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	 /	<u>د</u> ا	\dashv	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		j		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	- 1	<u>.</u>		
		⊢-	3a	\dashv	
U	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	_		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		3b		

	edule A (Form 990 or 990-EZ) 2019 NC , INC .			56-13/9068 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		Part VI). See instructions. Al
 Sec	other Type III non-functionally integrated supporting organizations must c tion A - Adjusted Net Income	ompiete Se	(A) Prior Year	(B) Current Year
				(optional)
1	Net short-term capital gain	1	<u> </u>	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	_ 4		<u> </u>
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			Į.
	collection of gross income or for management, conservation, or			1
	maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1.		
	instructions for short tax year or assets held for part of year)		1	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	,		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
<u>-</u> -	Enter 85% of line 1.	2		
<u></u>	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		
<u> </u>	Distributable Amount. Subtract line 5 from line 4, unless subject to			
•	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting organ	nization (see
•	instructions).	,) pp 3 3/90	\

Schedule A (Form 990 or 990-EZ) 2019

56-1379068 Page 7 Schedule A (Form 990 or 990-EZ) 2019 NC, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) **Underdistributions** Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) i Remainder, Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 NC , INC .	56-1379068 F	⊃age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions)	or 17b, Part III, line 12; 1 and 2, Part IV, Section C V, Section B, line 1e, Part ') ,
	······································		
			
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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

OMB No 1545-0047 Open to Public Inspection

Employer identification number NC, INC. 56-1379068 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

<u></u>	organization analysis of Form 000 Part IV In		uilus oi Ac	counts. Comp	piete if the
	organization answered "Yes" on Form 990, Part IV, line	e o. (a) Donor advised funds	- 	(b) Funds and other	er 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 w	vriting that the assets held in donor	advised fund	ds	
	are the organization's property, subject to the organization's	*			Yes No
6	Did the organization inform all grantees, donors, and donor ac	- ·	an be used o	 nlv	
	for charitable purposes and not for the benefit of the donor or			•	
	impermissible private benefit?				Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form	990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreat		tion of a histo	ncally important la	and area
	Protection of natural habitat			fied historic struct	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a cor	nservation easeme	ent on the last
	day of the tax year.				End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic structure.	cture included in (a)		2c	
d	Number of conservation easements included in (c) acquired af	fter 7/25/06, and not on a historic s	tructure		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated b	by the organiz	ation during the ta	ax
	year ▶	- ·		J	
4	Number of states where property subject to conservation ease	ement is located >			
5	Does the organization have a written policy regarding the pend	odic monitoring, inspection, handlin	ng of		
	violations, and enforcement of the conservation easements it is	holds?	-		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing	conservation	n easements durin	g the year
	>				
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing cons	servation eas	ements during the	year
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			🗀	Yes No
9	in Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	ense stateme	ent and	
	balance sheet, and include, if applicable, the text of the footno	ote to the organization's financial sta	atements that	t describes the	
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, o	r Other Si	milar Assets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958,				
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research	ı ın furtheranc	e of public	
	service, provide in Part XIII the text of the footnote to its finance				
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue statement a	and balance s	sheet works of	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in	furtherance of	of public 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 treas	sures, or other similar assets for fina	ancial gain, pr	ovide	
	the following amounts required to be reported under FASB AS6	C 958 relating to these items			
а	Revenue included on Form 990, Part VIII, line 1			\$	
b	Assets included in Form 990, Part X			S	

	edule D (Form 990) 2019 NC, INC			····				<u>56-13</u>	<u> 379068</u>	Page 2
Pa	rt III Organizations Maintaining (Collections of Ar	t, His	torical Tre	easures,	or Othe	r Simila	r Asset	s (continu	ied)
3	Using the organization's acquisition, access	sion, and other record	s, chec	ck any of the	following th	at make si	ignificant	use of its		
	collection items (check all that apply).									
а	Public exhibition	c	ı 🗆	Loan or exc	change prog	jram .				
b	Scholarly research	e	. \square	Other			_			
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explain	n how t	hey further th	he organiza	tion's exen	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, h	nistorical trea	sures, or ot	ner sımılar	assets			
	to be sold to raise funds rather than to be m							Г	Yes	☐ No
Pa	rt IV Escrow and Custodial Arran					l "Yes" on	Form 990	D. Part IV.		,,
	reported an amount on Form 990, Pa			J					,	
1a	Is the organization an agent, trustee, custod	ian or other intermed	ary for	contribution	s or other a	ssets not i	ncluded			
	on Form 990, Part X?								Yes	No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	 lowing	table.	•		•			
	, ,	•							Amount	
С	Beginning balance						1c		7 11110-1111	
ď		•		•			1d			
е	Distributions during the year				•		1e			
f	Ending balance			-	•••		1f			
	Did the organization include an amount on F	orm 990. Part X. line	21. for	escrow or cu	 ustodial acc	ount liabili			Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.						-,			= "
Pa		if the organization an	swered	"Yes" on Fo	rm 990, Pai	t IV, line 1	0.			
		(a) Current year		Prior year	(c) Two ye	ľ		ears back	(e) Four ye	ears back
1a	Beginning of year balance				1-7		(=7,=5)		(6) . 65. 3	Dai O DOOK
b	Contributions									
c	Net investment earnings, gains, and losses							_		
d	Grants or scholarships								-	·
	Other expenditures for facilities									
	and programs									
f	Administrative expenses					1				
g	End of year balance			-						
2	Provide the estimated percentage of the curr	ent year end balance	(line 1	g, column (a)) held as	*			·	
а	Board designated or quasi-endowment	•	%		•					
ь	Permanent endowment	%	-							
С	· · · · · · · · · · · · · · · · · · ·	 *								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	•	ion tha	it are held an	đ administe	red for the	organiza	tion		
	by.	· ·					•		Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations				-				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizar	tions listed as require	d on S	chedule R?				•	3b	
_4	Describe in Part XIII the intended uses of the	organization's endow	ment f	unds.						
Pär	t VI Land, Buildings, and Equipm	ent.		-		-			<u> </u>	
	Complete if the organization answered	d "Yes" on Form 990,	Part IV	/, line 11a. Se	e Form 990), Part X, III	ne 10.			
	Description of property	(a) Cost or oth	ner	(b) Cost	or other	(c) Acc	cumulate	а <u>Г</u>	(d) Book v	alue
		basis (investm	ent)	basis (d		depr	reciation			
1a	Land .				L,703.					703.
b	Buildings			3,480	767.	1,3	56,27	7.	2,124,	490.
C	Leasehold improvements .									
d	Equipment				3,107.		89,56			546.
<u>e</u>	Other			168	3,820.	1	09,01			805.
Total.	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part X	colun	n (B). line 10	c.)			> :	3,014,	544.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation. Cost or end-of-year market val. (d) Closely held equity interests (d) Closely held equity interests (d) Closely held equity interests (e) Closely held equity interests (f) Closely held equity interests (g) Closely	rt VII Investments - Other Securities.			56-1379068 Page
(a) Description of security or category (including name of security) (f) Financial derivatives (g) Closely held equity interests (g) Other (h) (h) (h) (h) (h) (h) (h) (h) (h) (h)		F 000 B- + N/ I	44b 0 - 5 - 000 D + V + 40	
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22 Closely held equity interests		(b) BOOK Value	(c) Metriod of Valuation. Cost	or end-or-year market value
(3) Other (A) (B) (B) (CC (C) (C) (C) (C) (C) (C) (C) (C) (C	• • • •	<u> </u>		
(A) (B) (C) (C) (D) (E) (F) (G) (G) (H) (F) (G) (A) (A) (B) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. (a) Description (b) Book value (c) (b) Book value (c) (c) Method of valuation: Cost or end-of-year market value (c) (d) Method of valuation: Cost or end-of-year market value (c) (e) Method of valuation: Cost or end-of-year market value (c) (f) Help of valuation: Cost or end-of-year market value (c) (g) Help of valuation: Cost or end-of-year market value (c) (g) Help of valuation: Cost or end-of-year market value (c) (g) Help of valuation: Cost or end-of-year market value (c) (g) Help of valuation: Cost or end-of-year market value (c) (g) Help of valuation: Cost or end-of-year market value (c) (g) Help of valuation: Cost or end-of-year market value (c) (h) Help of valuation: Cost or end-of-year market value (c) (h) Help of valuation: Cost or end-of-year market value (c) (h) Help of valuation: Cost or end-of-year market value (c) (h) Help of valuation: Cost or end-of-year market value (c) (h) Help of valuation: Cost or end-of-year market value (c) (h) Help of valuation: Cost or end-of-year market value (c) (h) Help of valuation: Cost or end-of-year market value (c) (h) Help of valuation: Cost or end-of-year market value (c) (h) Help of valuation: Cost or end-of-year market value (c) (h) Help of valuation: Cost or end-of-year market value (c) (h) Help of valuation: Cost or end-of-year market value (c) (h) Help of valuation: Cost or end-of-year value (c) (h) Help of valuation: Cost or end-of-year value (c) (h) Help of valuation: Cost or end-of-year value (c) (h) Help of valuation: Cost or end-of-year value (c) (h) Help of valuatio			 	
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Part X Other Liabilities.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	t X Other Liabilities.	-	<u>.</u>	
(a) December of lightly		on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, Inc	
				(b) Book value
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(4)				
(5)				
(6)				
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otal. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	(Column (b) must equal Form 990. Part X. col. (B) line	25.)		>

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

Schedule D (Form 990) 2019

X

56-1379068 Page 4 NC. INC. Schedule D (Form 990) 2019 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. 3,061,320. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recovenes of prior year grants 2c 22,484 d Other (Describe in Part XIII.) 2ď e Add lines 2a through 2d 22,484. 2e Subtract line 2e from line 1 3 3,038,836. 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 1,582,699 b Other (Describe in Part XIII.) c Add lines 4a and 4b 1,582,699. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. 4,621,535. 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. 2,859,860. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c 22,484 d Other (Describe in Part XIII.) 2d 22,484. Add lines 2a through 2d 2e 3 2,837,376. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 1,582,699 b Other (Describe in Part XIII.) 1,582,699. c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) 4,420,075. 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, 2020, 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) 2019 NC, INC.	56-1379068 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	14,309.
RENTAL EXPENSES	8,175.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	22,484.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID AND TUITION REMISSION	1,582,699.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	14,309.
RENTAL EXPENSES	8,175.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	22,484.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID AND TUITION REMISSION	1,582,699.
	

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

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.

2019

OMB No 1545-0047

Open to Public Inspection

THE WALDORF EDUCATIONAL ASSOCIATION OF NC, INC.

Employer identification number 56-1379068

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	<u> </u>
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	<u></u>
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			1
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	<u> </u>
	THE ORGANIZATIONS RACIALLY NONDISCRIMINATORY POLICY IS		[
	AVAILABLE ON THE SCHOOL'S WEBSITE AS WELL AS IN ENROLLMENT		ł	
	PACKETS.			
		1	İ	
	Do not the control of the following O			
4	Does the organization maintain the following?		х	
a		4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Λ	
C		1 40	х	
	admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	140		
	in you answered two to any or the above, please explaint in you need more space, ase if art in.			
		1 1		
5	Does the organization discriminate by race in any way with respect to			
а		5a		Х
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		х
ď		5d		Х
e		5e		Х
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
_	Other extracumcular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
			- 1	
			ł	
		1 1		
			.	
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	- 1	X.
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
-	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
-	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No " explain on Part II	7	x [

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

Schedule E (Form 990 or 990-EZ) 2019

Schedule E	(Form 990 or 990-EZ) 2019 NC,	INC.	56-1379068	Page 2
Part II	Supplemental Information Also provide any other additional in	 Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7 	, as applicable.	
			<u>-</u> .	
				,

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Internal Revenue Service	⊳ G	o to www	irs.gov/Form990 fc	or instr	uction	ns and	the latest informat	ion.		Inspection
Name of the organization	THE WAI	DORF	EDUCATIONA	L A	SSO	CIA	TION OF		Employer id	dentification number
	NC, INC					_			56-137	
Part I Fundraisir	ng Activities omplete this pa	 Comple rt. 	te if the organization	answe	ered "Y	es" o	n Form 990, Part IV,	line 17	. Form 990-E	Z filers are not
1 Indicate whether the			through any of the f	ollowin	a activ	vities.	Check all that apply.			•
a Mail solicitatio	-		· · —		-		overnment grants			
b Internet and e	maıl solıcıtatıon	s	f 🔲 S	Solicita	tion of	gove	mment grants			
c Phone solicita	tions		g 🔲 S	Special	fundra	aising	events			
d In-person solic	itations									
2 a Did the organization									or	
key employees listed									Ye	
b If "Yes," list the 10 h compensated at leas				pursua	ant to	agree	ments under which t	ne tuno	draiser is to t	De
		T					,			-,
(i) Name and address of	of individual				(iii) fundi have c	Did	(iv) Gross receipts	(v) A	mount paid	(vi) Amount paid
or entity (fundra			(ii) Activity		orcor	ntrol of	from activity	fu	retained by) undraiser	to (or retained by) organization
					contrib	utions?		liste	ed in col. (i)	Organization
					Yes	No				
		ļ				<u> </u>				ļ
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		<u> </u>						_		
			-							
			. <u> </u>							<u> </u>
										
					i					<u> </u>
Γotal .						▶				
3 List all states in which	the organization	n is registe	ered or licensed to so	olicit co	ontribu	itions	or has been notified	rt is ex	empt from re	gistration
or licensing.										
										<u> </u>
										
			.							
····										
										

THE WALDORF EDUCATIONAL ASSOCIATION OF 56-1379068 Page 2 Schedule G (Form 990 or 990-EZ) 2019 NC, INC. 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events CLASS NONE (add col. (a) through FUNDRAISING HOLIDAY FAIR col. (c)) (total number) (event type) (event type) 21,110. 16,209. 37,319. Gross receipts 2 Less: Contributions 21,110. 16,209. 37,319. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Expenses Rent/facility costs 246. Direct 246. Food and beverages Entertainment 7,193. 5,149. 12,342. Other direct expenses 12,588. 10 Direct expense summary. Add lines 4 through 9 in column (d) \triangleright $\overline{24},731.$ 11 Net income summary. Subtract line 10 from line 3, column (d) Part 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes **Direct Expenses** Noncash prizes 3 Rent/facility costs Other direct expenses Yes % Yes % Yes 6 Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d)

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)		<u> </u>	
а			Yes	☐ No
	If "No," explain Were any of the organization's gaming licenses revoked, suspended, or terminated during the ta	ax vear?	Yes	No.
	If "Yes," explain			
	22 (0.11.10	Schedule 6		0-FZ) 2019

THE WALDORF EDUCATIONAL ASSOCIATION OF Schedule G (Form 990 or 990-EZ) 2019 NC, INC. 56-1379068 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party Name > Address ► __ 16 Gaming manager information: Name > Gaming manager compensation ▶ \$_ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

THE WALDORF EDUCATIONAL ASSOCIATION OF 56-1379068 Page 4 Schedule G (Form 990 or 990-EZ) NC , INC . | Part IV | Supplemental Information (continued)

SCHEDULEI (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.	► Go to www.irs.gov/Form990 for the latest information,	
	_	i

OMB No 1545-0047	2019 .	"Inspection
OMB N	7	sul.

2 | Employer identification number 56-1379068 X Yes 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 THE WALDORF EDUCATIONAL ASSOCIATION OF General Information on Grants and Assistance criteria used to award the grants or assistance? INC. Name of the organization Part I

orm 990, Part IV, line 21, for any		(g) Description of (h) Purpose of grant noncash assistance or assistance					
ization answered "Yes" on F	30 10 00 10 00	(t) Method of valuation (book, honca FMV, appraisal, other)					
Part II 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, Dart II on by displaced and page.	ď.	(e) Amount of non-cash assistance					
	onal space is neede	(d) Amount of cash grant				line 1 table	
	oe duplicated if addition	(c) IRC section (if applicable)				unizations listed in the	lable
	5,000. Part II can b	(a)				d government orgalisted in the line 1	of the last of
Part II Grants and Other Assistance to D	recipient that received more than \$5	I (a) Name and address of organization of government				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	LHA For Paperwork Beduction Act Notice see the Institutions for Face

Schedule I (Form 990) (2019)

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. INC. NC, Schedule I (Form 990) (2019) Part III

Page 2

56-1379068

(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	126	1 050 267	c		
TUITION REMISSION	833	504,131.	0		
EMERGENCY TUITION GRANTS	3	19,301.	0		
-					
<u> </u>					
Part IV Supplemental Information. Provide the information required in	uired in Part I, line	2, Part III, column (Part I, line 2, Part III, column (b), and any other additional information	ditional information	
PART I, LINE 2:					
TUITION SUPPORT IS AVAILABLE ON THE	BA	F DEMONSTR	SIS OF DEMONSTRATED NEED.	FAMILIES	
WHOSE RESOURCES ARE NOT SUFFICIENT	TO MEET	THE TOTAL	MEET THE TOTAL COST OF AN EMERSON	EMERSON	
WALDORF SCHOOL EDUCATION MAY APPLY	FOR FINA	FINANCIAL AID.	THE EMERS	THE EMERSON WALDORF	
SCHOOL USES TADS, A FINANCIAL ASSES	ASSESSMENT OR	ORGANIZATION,	, TO PROVIDE)E A	
FRAMEWORK THROUGH WHICH HOUSEHOLD N	NEED CAN	BE MEASURE	MEASURED FAIRLY AND	Ð	
EQUITABLY. RECOMMENDATIONS FROM TADS	S WILL BE	SENT TO	THE TUITION	A ADJUSTMENT	
COMMITTEE AT THE SCHOOL. THESE RECO	RECOMMENDATIONS,	- 1	ALONG WITH FAMILIES'	IES'	

932102 10-26-19

NARRATIVE RESPONSES, WILL BE USED TO ADJUST TUITION EACH SCHOOL YEAR.

Schedule I (Form 990) (2019)

SCHEDULE L

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2019

OMB No. 1545-0047

Open To Public Inspection

nternal Revenue Service	- GO II	3 WWW.11 5.900/11	0111133	0 101 1	isu uctions and the	latest illioi illation.	•		"	Ispec	uon	
Name of the organization	THE WALD	ORF EDUCA	TIO	NAL	ASSOCIATION	ON OF	Em	ploye	r iden	tificati	ion nu	mber
	NC, INC.							5-13	3790	68		
Part I Excess E	Benefit Transact	tions (section 5	01(c)(3	3), sect	ion 501(c)(4), and se	ction 501(c)(29) orga	anızatı	ons or	ıly).		_	
	f the organization and											
1	(b)	Relationship bet			lified					(d)	Corre	cted?
(a) Name of disquali	fied person	person and o			(c) Description of train	nsactio	on			es	No
		·		_			-			Ť	-	110
										7		
										_	\neg	
										_		
		<u> </u>										
2 Enter the amount of	f tax incurred by the	organization man	agers	or disc	ualified persons dur	ing the year under						
section 4958	•	J	•					▶ \$				
3 Enter the amount of	f tax, if any, on line 2	, above, reimburs	ed by	the org	ganization	_	_	▶ \$				
	•											
Part II Loans to	and/or From In	terested Pers	sons.	,								
Complete if	the organization ans	swered "Yes" on I	Form 9	990-EZ,	Part V, line 38a or F	orm 990, Part IV, Im	ne 26; d	or if th	e orga	nızatıc	n	
reported an	amount on Form 99	0, Part X, line 5, 6	5, or 22	2.								
(a) Name of	(b) Relationship			an to or	(e) Original	(f) Balance due) In	(h) Ap	proved ard or	1 (1) **	ritten
interested person	with organization	n of loan		zation?	principal amount		defa	ault?	comm		agree	ment?
			То	From			Yes	No	Yes	No	Yes	No
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		1	1				, ,		1 1			

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 of assistance	(e) Purpose of assistance
·	_	30,965.	TUITION ASSIS	REDUCTION IN
•		19,125.	TUITION REMIS	REDUCTION IN
- ·				
	_			
	-			

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

Schedule L (Form 990 or 990-EZ) 2019

Total

56-1379068 Page 2 Schedule L (Form 990 or 990-EZ) 2019 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 (b) Relationship between interested (a) Name of interested person (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS: (C) AMOUNT OF GRANT \$ 30,965. TYPE OF ASSISTANCE: TUITION ASSISTANCE PURPOSE OF ASSISTANCE: REDUCTION IN TUITION FOR BOARD MEMBERS (C) AMOUNT OF GRANT \$ 19,125. 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)

Noncash Contributions

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. ► Go to www.irs.gov/Form990 for 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

Га	111	Types of Property							
			(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d Method of d noncash contrib	etermin		to
			аррисавіе		Form 990, Part VIII, line 1g	Honcash Contrib	ution a	noun	เร
1	Art -	Works of art							
2	Art -	Historical treasures					-		
3	Art -	Fractional interests							
4	Book	ks and publications				-			
5	Cloth	ning and household goods		1					-
6	Cars	and other vehicles						•	
7	Boat	s and planes							
8	Inteli	ectual property [
9	Secu	ırıtıes - Publicly traded	X	5	49,228.	FMV			
10	Secu	ırıtıes - Closely held stock							
11	Secu	ırıtıes - Partnership, LLC, or							
	trust	interests							
12	Secu	ırıtıes - Mıscellaneous							
13	Quali	ified conservation contribution -							
	Histo	onc structures							
14	Quali	ified conservation contribution - Other							
15	Real	estate - Residential .							
16	Real	estate - Commercial .							
17	Real	estate - Other	_						
18	Colle	ctibles							
19	Food	Inventory							
20	Drug:	s and medical supplies							
21	Taxid	lermy							
22		rical artifacts							
23	Scien	ntific specimens							
24	Arche	eological artifacts							
25	Other	· · · · · · · · · · · · · · · · · · ·							
26	Other	r > ()							
27	Other	r > ()							
28_	Other	· · · · · · · · · · · · · · ·		J	<u></u> l				
29		per of Forms 8283 received by the organiza							
	for wh	hich the organization completed Form 8283	3, Part IV, D	onee Acknowledge	ement 29				
						ı		Yes	<u>No</u>
30a		g the year, did the organization receive by		,, , ,		,			
		hold for at least three years from the date of	of the initial	contribution, and v	which isn't required to be use	ed for			
		pt purposes for the entire holding period?					30a		<u>X</u>
		s," describe the arrangement in Part II.							
31		the organization have a gift acceptance po	-		•	ons?	31	X	
32a		the organization hire or use third parties or	related org	anizations to solicit	t, process, or sell noncash				
		butions?				. [32a		<u> </u>
_		s," describe in Part II.	, , ,						
13		organization didn't report an amount in col	umn (c) for a	a type of property f	for which column (a) is check	ed,			
	aescr	ibe in Part II.							

Schedule M	(Form 990) 2019	NC, II	NC.			56-1379068	Page 2
Part II	(Form 990) 2019 Supplemental is reporting in Part this part for any ac	I, column (l	o), the number	the information required by Pair of contributions, the number of	t I, lines 30b, 32b, and 3 items received, or a con	3, and whether the organizan bination of both. Also comp	ition plete
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			-				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

THE WALDORF EDUCATIONAL ASSOCIATION OF NC. INC.

2019
Open to Public Inspection

Employer identification number 56-1379068

Schedule O (Form 990 or 990-EZ) (2019)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENCOURAGE AND PROMOTE INDEPENDENT THINKING AND SOCIAL RESPONSIBILITY AS THE UNIQUE GIFTS AND WELL AS ACADEMIC AND ARTISTIC EXCELLENCE. CONTRIBUTIONS OF EACH CHILD ARE HONORED THROUGH A DEVELOPMENTALLY APPROPRIATE AWAKENING OF THINKING, FEELING, AND WILLING, FURTHER. 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, TUITION ADJUSTMENT PROGRAM, ATHLETIC, OR OTHER ADMISSIONS POLICIES, SCHOOL ADMINISTERED PROGRAMS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DEVELOPMENTALLY APPROPRIATE AWAKENING OF THINKING, FEELING, WILLING. FURTHER, THE EMERSON WALDORF SCHOOL UNDERSTANDS CHILDREN AS BEINGS OF BODY, SOUL, AND SPIRIT, AND GUIDES THEM TO DEVELOP COMPASSION AND REVERENCE FOR THEMSELVES AND THE WORLD COMMUNITY. THE EMERSON WALDORF SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, OR NATIONAL OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS EDUCATION POLICIES, ADMISSIONS POLICIES, TUITION ADJUSTMENT PROGRAM, ATHLETIC, OR OTHER SCHOOL ADMINISTERED PROGRAMS. FORM 990, PART VI, SECTION A, LINE 6: ARTICLE IV OF THE WALDORF EDUCATIONAL ASSOCIATION OF NORTH CAROLINA BYLAWS

DEFINES MEMBERS OF THE ORGANIZATION AS PEOPLE WHO DECLARE THEMSELVES

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

932211 09-06-19

ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO SIGN A STATEMENT

ACKNOWLEDGING THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY KNOWN

CONFLICTS OF INTEREST. THESE STATEMENTS ARE SIGNED EVERY YEAR AT THE TIME

WHEN THE BOARD SERVICE HAS BEGUN OR IS RENEWED (USUSALLY IN THE LAST FULL

BOARD MEETING OF THE YEAR).

THE COMMITTEE ON DIRECTORS INQUIRES ABOUT ANY POTENTIAL CONFLICTS OF

INTEREST PRIOR TO BOARD MEMBER CANDIDATES BEING ACCEPTED ONTO THE BOARD.

THE COMMITTEE REVIEWS CONFLICT OF INTEREST STATEMENTS FROM BOARD MEMBERS

932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Page 2 THE WALDORF EDUCATIONAL ASSOCIATION OF Name of the organization Employer identification number 56-1379068 NC, INC. AND DETERMINES WHAT MEASURES, IF ANY, SHOULD BE TAKEN TO MONITOR AND/OR CONTROL CONFLICTS OF INTEREST (E.G. ASK THE MEMBER TO RECUSE THEMSELVES FROM PARTICULAR VOTES, SUCH AS CHANGES TO TUITION ADJUSTMENT POLICY OF THE MEMBER IS A RECIPIENT OF TUITION ADJUSTMENTS.) FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS IS RESPONSIBLE FOR DETERMINING COMPENSATION FOR THE DIRECTOR OF ADMINISTRATION AND ANY KEY EMPLOYEES. COMPARABLE COMPENSATION INFORMATION IS GATHERED FROM OTHER PRIVATE SCHOOLS AND FROM SCHOOL SURVEY INFORMATION PROVIDED BY AWSNA (ASSOCIATION OF WALDORF SCHOOLS OF NORTH AMERICA) AND INDEPENDENCE IS MAINTAINED. FORM 990, PART VI, SECTION C, LINE 18: GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE TO THE PUBLIC UPON REQUEST IN THE MAIN OFFICE. FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC UPON REQUEST.

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

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