EXTENSION GRANTED TO MAY 15, 2017

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2015 calendar year, or tax year beginning JUL 1, 2015 and e	ending J	UN 30, 2016	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	55 777 6777 57766			
F	change Name change			95-3	641387
F	Initial return		Room/suite	E Telephone number	
F	Final return/	3547 ALTADENA AVENUE	1100111/00110		287-3054
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,444,657.
	Ameno			H(a) Is this a group re	
	Applic	F Name and address of principal officer:PATRICK GODDARD		for subordinates	? Yes X No
	pendir	9 SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
L	Tax-exe	empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. (see instructions)
		e: ► HTTP://WWW.WALDORFSANDIEGO.ORG/		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1981 N	N State of legal domicile: CA
Р	art I	Summary			
ce	1	Briefly describe the organization's mission or most significant activities: MAKE	WALDO	RF EDUCATIO	N AVAILABLE
Activities & Governance		TO ALL CHILDREN IN THE SAN DIEGO AREA.			
/err	2	Check this box if the organization discontinued its operations or dispos			ssets.
go	3	Number of voting members of the governing body (Part VI, line 1a)			13
ళ	5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2015 (Part V, line 2a)			93
itie	6	Total number of individuals employed in calendar year 2013 (Fart V, line 2a)			0
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ā	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		417,546.	275,466.
nue		Program service revenue (Part VIII, line 2g)		4,069,831.	4,303,978.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		72.	203.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		140,608.	216,972.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,628,057.	4,796,619.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		591,459.	490,382.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,764,396.	2,902,094.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ξxp	b b	Total fundraising expenses (Part IX, column (D), line 25)		1 150 110	1 145 502
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,173,418.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,529,273.	4,540,059.
7 0	19	Revenue less expenses. Subtract line 18 from line 12		98,784.	256,560.
ance	00	Fotol coasts (Post V. line 1C)		ginning of Current Year 5,935,092.	End of Year 6,032,380.
4SSE Bal	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		4,877,755.	4,718,483.
Net Assets or Fund Balances	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,057,337.	1,313,897.
	art II	Signature Block		1,037,337	1/313/05/1
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			
Sig	n	Signature of officer		Date	
Hei	re	PATRICK GODDARD, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Pate Check I	PTIN
Pai		ANDREW J. OZUROVICH		5/31/17 if self-employe	
	parer	Firm's name THE OZUROVICH GROUP, INC.		Firm's EIN ▶	95-4502766
use	Only	Firm's address 1901 AVENUE OF THE STARS #1050			10)006 5556
		LOS ANGELES, CA 90067		Phone no. (3	10)226-7576

May the IRS discuss this return with the preparer shown above? (see instructions)

					_		
4d	Other	program	services	(Describe	in	Schedule	O.)

including grants of \$ 3.635.691. Total program service expenses

) (Revenue \$

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No 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? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 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 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV ______ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Form **990** (2015)

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Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	ļ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33		22		х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	^
34	District A	34		х
05-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a		33a		<u> </u>
D	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?	330		\vdash
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		**
<i>31</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		
55	Note. All Form 990 filers are required to complete Schedule O	38	х	

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Paı	art V Statements Regarding Other IRS Filings and Tax Compliance			_	
	Check if Schedule O contains a response or note to any line in this Part V			<u>L</u>	
			Ye	s N	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	25	1		
b		0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	ng			
	(gambling) winnings to prize winners?	<u>10</u>	<u> </u>		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1		
	filed for the calendar year ending with or within the year covered by this return2a	93	-		
b			X	_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	١.	
			_		<u>X</u> _
			+	+	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			Ι,	.,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42	+-	+	<u>X_</u>
b	of 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			١,	v
5a	• • • • • • • • • • • • • • • • • • • •				<u>X</u> X
b	· · · · · · · · · · · · · · · · · · ·			- -	<u>~</u>
_			+	+	
6a				,	X
	any contributions that were not tax deductible as charitable contributions?	<u>6</u> 8	+	+	<u></u>
b	o If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	65			
-	were not tax deductible?		' 	+	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	the payor?	.	;	X
b	A MARIE M.			Τ.	<u>-</u>
C	many and the second sec		1		
·	to file Form 8282?	70	.	;	X
d					
e	military to the state of the st	76			
f					
g	101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		丄		
h	the state of the s				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-	
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	a Did the sponsoring organization make any taxable distributions under section 4966?	<u>9</u> 2	Ц_	\perp	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9t	Ц_	_	
10	Section 501(c)(7) organizations. Enter:				
а					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			-	
11	Section 501(c)(12) organizations. Enter:				
a				1	
b	· · · · · · · · · · · · · · · · · · ·	ŀ	-		
	amounts due or received from them.)	——————————————————————————————————————			
12a		12	<u> </u>	╁	
	of 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.	13	+	+	
а			-		
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the		. [
D	organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?	14	a	1:	X
	of If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			T	

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a13	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision]		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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		X
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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
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
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	The same of the sa	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KIM GALVIN - 619-287-3054			
	3547 ALTADENA AVENUE, SAN DIEGO, CA 92105			

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IN SAN DIEGO

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KATHLEEN FOX	5.00									
SECRETARY		X		X				0.	0.	0.
(2) BONNIE HOLDEN	40.00									
TEACHER/BOARD MEMBER		X	L		<u> </u>			69,082.	0.	0.
(3) ANDY KEMAL	5.00							-		
PRESIDENT		X		X				0.	0.	0.
(4) JASON STEWART	2.00				l					
VICE PRESIDENT		X		X				0.	0.	0.
(5) MARIAN CIBORSKI	5.00				Ì					_
BOARD MEMBER		X				_		0.	0.	0,
(6) BRANDON ISELIN-BRADLEY	2.00								_	_
BOARD MEMBER		X					_	0.	0.	0,
(7) AMANDA WOMBLE	40.00					ļ	ł		_	
TEACHER/BOARD MEMBER		X		_	_	<u> </u>	_	54,432.	0.	0.
(8) PATRICK GODDARD	2.00					1	l		_	
TREASURER		X		X	<u> </u>	ļ	<u> </u>	0.	0.	0 .
(9) ALEXIS AHRENS	2.00			ļ					•	•
BOARD MEMBER		X			<u> </u>	⊢		0.	0.	0 .
(10) LYNNE ROSS-WITSCHER	40.00								•	•
TEACHER/BOARD MEMBER		X				<u> </u>		63,082.	0.	0 .
(11) DOMINICK ARENA	2.00								•	•
BOARD MEMBER	2 00	X	_			┢		0.	0.	0.
(12) RACHEL DAVIS	2.00	٠,						0.	0.	0.
BOARD MEMBER	40.00	X	\vdash		┢	┢	 	0.	U •	<u> </u>
(13) ANTHONY CIRONE	40.00	ł		x				67,026.	0.	0.
DEV. DIRECTOT/ BOARD EX-OFFICIO	40.00	-	-	^	\vdash	\vdash	 	01,040.	0.	
(14) JOHANNES LASTHAUS	=0.00			x				40,450.	0.	0.
ADMIN, CHAIR/ BOARD EX-OFFICIO				21				40,430.		
		\vdash			_	\vdash				
							_			

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	990 (2015) IN SAN D.	LEGO								<u> 95-364</u>	113	187	<u> </u>	age 🔿
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			((C)			(D)	(E)			(F)	
	Name and title	Average			Pos	itior			Reportable	Reportable		Est	timate	ed
		hours per					than is bot		1	compensation			ount	
		week					or/trus		from	from related	-	(other	
		(list any	tor						the	organizations			oensa	ition
		hours for	direc				<u></u>			(W-2/1099-MISC)	•	om th	
		related	e 0.	stee			ig a		(W-2/1099-MISC)	•		orga	anizat	ion
		organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		` '			and	l relat	ed
		below	dual	ution	<u></u>	엹	충성	5				orga	nizati	ons
		tine)	ndivi	asti	Officer	ey e		틽				•		
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1b	Sub-total								294,072.).			0.
	Total from continuation sheets to Part VI								0.).			0.
	Total (add lines 1b and 1c)								294,072.).			0.
2	Total number of individuals (including but n									.000 of reportable				
_	compensation from the organization						•			,				0
	Componential work and organization		_										Yes	No
_	Distance and the second second								h:	malayaa an	Г			-
3	Did the organization list any former officer,											_		₩.
	line 1a? If "Yes," complete Schedule J for s										├-	3		X_
4	For any individual listed on line 1a, is the su	ım of reportabl	e cc	ompe	ensa	ation	n and	d oti	her compensation from	the organization		- 1		
	and related organizations greater than \$150	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	J f	for such individual		J_	4		X
5	Did any person listed on line 1a receive or a	accrue comper	ısati	ion f	rom	any	unr/	elat	ed organization or indivi	dual for services	1	- 1		
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	iene	nde	nt c	onti	ractr	ors t	hat received more than	\$100,000 of comp	ensa	tion fr	om	
•	the organization. Report compensation for													
		trie Caleridar y	cai t	51 IQII	ilg v	VILIT	0. w	141 131		, car.		(C	۸.	
	(A) Name and business	addrace	37/	\ *TT	3				(B) Description of s	ervices	Co	mper		n
	reame and business	2001033	IAC	INC	<u> </u>					0.11.000				
								}	·					
											_			
								T		-				
								\neg						
			-				-	\dashv					-	
										1				
2	Total number of independent contractors (i	ncluding but n	ot lir	mite	d to	tho	se lis	sted	i above) who received m	ore than				
	\$100,000 of compensation from the organization	zation 🕨				(0							
								-			F	orm §	9 90 (2015)

<u>IN SAN DIEGO</u>

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 20,502 c Fundraising events _____ 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above <u>254,964</u> g Noncash contributions included in lines 1a-1f: \$ 275,466 h Total. Add lines 1a-1f Business Code 3,908,319.3,908,319. 2 a TUITION 611710 Program Service Revenue FIELD TRIP REVENUE 611710 192,343. 192,343 611710 135,426 135,426 c SCHOOL FEES 67,890. 67,890. d EXTENDED CARE 611710 f All other program service revenue 4,303,978 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 203. other similar amounts) 203 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 52,760. 6 a Gross rents 1,957 b Less: rental expenses 50,803 c Rental income or (loss) 50,803. 50,803 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See Part IV, line 18 _____ a 122, 217 46,068 b Less: direct expenses b 76,149. 76,149 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19a b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 689,723 and allowances ь 600,013 b Less: cost of goods sold 89,710 89,710. c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 310 611710 310 11 a MISCELLANEOUS d All other revenue 310. e Total. Add lines 11a-11d 796,619.4 0. 127,155. Total revenue. See instructions.

Form 990 (2015) IN SAN DIEGO
Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	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				1,54 3.5 8
2	Grants and other assistance to domestic	400 000	400 200		
	individuals. See Part IV, line 22	490,382.	490,382.		
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,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	· · · · · · · · · · · · · · · · · · ·	2,458,631.	2,010,804.	373,526.	74,301
7 8	Other salaries and wages Pension plan accruals and contributions (include	#1 = 30,031 ·	2,010,00±•	313,3200	
o	section 401(k) and 403(b) employer contributions)				
_	· · · · · · · · · · · · · · · · · · ·	235,010.	192,204.	35,704.	7,102
9	Other employee benefits	208,453.	170,484.	31,669.	6,300
10 11	Payroll taxes	200,433.	1/0,404.	31,003.	0,300
	` ` ` ` /				
a		·			
b		16,743.		16,743.	
C	_	10,743.		10,743.	
d					
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		 -		
g		18,714.		18,714.	
12	column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion	8,214.		8,214.	
13		8,796.		8,796.	
13 14	Office expenses Information technology	0,750.		0,750.	
14 15	Royalties				
16	1	221,951.	171,222.	50,729.	
17	Occupancy	7,954.	7,954.	30,723.	
'' 18	Payments of travel or entertainment expenses	7,554.			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				·
20	Interest	166,213.	116,349.	49,864.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	142,871.	114,297.	28,574.	
23	Insurance	67,332.		67,332.	
24	Other expenses. Itemize expenses not covered	2,,002,			
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TITLD MDIDG NYD GILGOD	194,910.	194,910.		
b	OT 3 CODOOM GUIDDI TEG	101,098.	101,098.		
C	BAD DEBT EXPENSES	31,868.		31,868.	
d		30,537.	30,537.		
е	All other expenses	130,382.	35,450.	65,590.	29,342
25	Total functional expenses. Add lines 1 through 24e	4,540,059.	3,635,691.	787,323.	117,045.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

95-3641387 Page 11

	Check if Schedule O contains a response or note to any line in this Part X			<u></u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	243,789.	1	341,718
2		201,719.	2	201,921
			3	52,424
				28,046
		<u> </u>		
•				
			5	
6	Loans and other receivables from other disqualified persons (as defined under	ENAME OF THE		
•	· · · · · · · · · · · · · · · · · · ·			
			6	
7				
		73.170.		85,392
-		,	9	235
_	1 1			
h		5.223.889.	10c	5,233,937
		3,423,0031		
	-			
		47 566		88,707
				6,032,380
				115,061
		105,7526		113/001
		510 069		443,740
		310,003.		110//10
	· · ·			
22				
			99	
22		4 244 808		4,142,516
		2/22/0000		
20				
		17.146.	25	17,166
26				4,718,483
20	Organizations that follow SEAS 117 (ASC 958) check here	2,0,.00.		4.10
	complete lines 27 through 29 and lines 33 and 34			
27	· ·	840.349.	27	1,099,195
				214,702
	•			
		100		
30	•		30	
			31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
-		1,057,337.	33	1,313,897
33	Total net assets or fund balances	1,001.001.		
-	2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6, 068, 943. 1 Investments - publicly traded securities 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 1 Intragible assets 1 Other assets. See Part IV, line 11 1 Intragible assets 1 Other assets. Add lines 1 through 15 (must equal line 34) 1 Accounts payable and accrued expenses 1 Grants payable 1 Deferred revenue 2 Tax-exempt bond liabilities 2 Iscorow or custodial account liability. Complete Part IV of Schedule D 2 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 2 Secured mortgages and notes payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 3 Other liabilities (including federal income tax, payables to related third parties, and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 3 Total liabilities Add lines 17 through 25 4 Organizations that follow SFAS 117 (ASC 958), check here 7 Total liabilities and total payable to unrelated third part	1 Cash · non-interest-bearing 243,789. 2 Savings and temporary cash investments 201,719. 3 Pledges and grants receivable, net 94,112. 4 Accounts receivable, net 50,847. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n/1)), persons described in section 4958(n/3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 835,006. 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets. 15 Cither assets. See Part IV, line 11 16 Intangible assets. 16 Cither assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account fiability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Organizations that follow SFAS 117 (ASC 958), check here IX and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarity restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 31 Palcin or capital surplus, or land, building, or equipm	Cash - non-interest-bearing 243,789, 1

Form 990 (2015)

Forn	1 990 (2015) IN SAN DIEGO	95-36	41387	Pa	ge 12					
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
		ŀ								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,796							
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,540		<u>59.</u>					
3										
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5	Net unrealized gains (losses) on investments	5								
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,									
	column (B))	10	1,313	<u>8,8</u>	<u>97.</u>					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,								
	consolidated basis, or both:				;					
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir									
	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 requ	ired audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		l					

532012 12-16-15

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ASSOCIATION FOR WALDORF EDUCATION

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

95-3641387 IN SAN DIEGO Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (vi) Amount of (v) Amount of monetary (i) Name of supported (ii) EIN listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 IN SAN DIEGO

Support Schedule for (Complete only if you checked fails to qualify under the tests	the box on line t	5, 7, or 8 of Part I o	or if the organization			
Section A. Public Support	, p					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4), 20	(10)		137		
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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	·	<u> </u>	<u> </u>	<u> </u>		
	(-) 0044	#1.0010	4-2 0010	(4) 0014	(e) 2015	(f) Total
alendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest,	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(6) 2013	(I) rotal
dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
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	ata (aga instructi	ions)			12	
12 Gross receipts from related activities,13 First five years. If the Form 990 is for						 .
organization, check this box and stop						▶□
Section C. Computation of Publi	c Support Pe	rcentage				
14 Public support percentage for 2015 (li	ne 6, column (f) d	livided by line 11,	column (f))		14	
Public support percentage from 2014						
16a 33 1/3% support test - 2015. If the o stop here. The organization qualifies a b 33 1/3% support test - 2014. If the o	as a publicly supp rganization did no	oorted organization ot check a box on	nline 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	▶ ☐
and stop here. The organization quali 17a 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances"	: - 2015. If the org ts-and-circumstar test. The organiza	ganization did not o nces" test, check t ation qualifies as a	check a box on lin his box and stop I publicly supporte	e 13, 16a, or 16b, here. Explain in Pa d organization	and line 14 is 10% art VI how the organ	or more, nization

Schedule A (Form 990 or 990-EZ) 2015

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

Part III

Support Schedule for Or	ganizations	Described in	Section 509(a)(2)		
(Complete only if you checked the	he box on line 9	of Part I or if the o	rganization failed t	to qualify under Pa	rt II. If the organiza	ation fails to
qualify under the tests listed bel	ow, please com	plete Part II.)				
A. Public Support						
ear (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
grants, contributions, and						

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")			<u>.</u>			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	_					
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			-		1	
t	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	N. Company					
	ction B. Total Support	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
••	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) org	janization,
	check this box and stop here						>
Sec	ction C. Computation of Publ	<u>ic Support Pe</u>	ercentage				
15	Public support percentage for 2015 (ine 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2014					16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage		w		
17	Investment income percentage for 20) 15 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2015. If the	-					
	more than 33 1/3%, check this box a	-	_	•			▶□
b	33 1/3% support tests - 2014. If the						. —
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organiza	tion

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 532023 09-23-15

Part IV | Supporting Organizations

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

_	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations		Yes	No
_	Are all of the aurenization's arranged arranjections listed by name in the arganization's gayarring		162	140
1	Are all of the organization's supported organizations listed by name in the organization's governing			l
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	1		l
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	•	<u> </u>	1
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		ľ	Ì
		2	İ	
20	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Sa	(b) and (c) below.	За		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	<u> </u>	T	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	***		
	organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
Ŭ	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		ļ
c		1.000		
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			l
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a				
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			l
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		l	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	of the state		
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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		1	1
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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.	9a		
b	• • • • • • • • • • • • • • • • • • • •			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		1	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<u> </u>
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		I	I

532024 09-23-15

determine whether the organization had excess business holdings.)

Sche	edule A (Form 990 or 990-EZ) 2015 IN SAN DIEGO	<u>95-364138</u>	<u>7 Pa</u>	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		<u> </u>
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	·		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		3.157	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Inst	ructions):		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	v (see instructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		v	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		·	İ
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			l
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			l
4	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		l
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
_			_	

Schedule A (Form 990 or 990-EZ) 2015 IN SAN DIEGO

Pa	rt V	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1		Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970. See instruc	tions. All
		other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	
ect	ion A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net s	short-term capital gain	1		
2	Reco	overies of prior-year distributions	2		·
3	Othe	r gross income (see instructions)	3		
4	Add	lines 1 through 3	4		
5	Depr	eciation and depletion	5		
6	Porti	on of operating expenses paid or incurred for production or			
		ction of gross income or for management, conservation, or			
		tenance of property held for production of income (see instructions)	6		
7		r expenses (see instructions)	7		
8		sted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ect		- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggr	egate fair market value of all non-exempt-use assets (see			
	instn	uctions for short tax year or assets held for part of year):			
а	Aver	age monthly value of securities	1a		
b	Aven	age monthly cash balances	1b		
С	Fair	market value of other non-exempt-use assets	1c		
d	Tota	I (add lines 1a, 1b, and 1c)	1d		
е	Disc	ount claimed for blockage or other			
	facto	rs (explain in detail in Part VI):			
2_	Acqu	sisition indebtedness applicable to non-exempt-use assets	2		
3	Subt	ract line 2 from line 1d	3		
4	Cash	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
		nstructions).	4		
5	Net v	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multi	ply line 5 by .035	6		
7		overies of prior-year distributions	7		
В	Mini	mum Asset Amount (add line 7 to line 6)	8		
ect	ion C	- Distributable Amount			Current Year
1	Adju	sted net income for prior year (from Section A, line 8, Column A)	1	# 1.41A	
2	Ente	r 85% of line 1	2		
3_	Minir	num asset amount for prior year (from Section B, line 8, Column A)	3		
4		r greater of line 2 or line 3	4		
5	Incor	me tax imposed in prior year	5		
6		ibutable Amount. Subtract line 5 from line 4, unless subject to			
		gency temporary reduction (see instructions)	6		
7		Check here if the current year is the organization's first as a non-functional	y-integrate	d Type III supporting organ	nization (see
		instructions			-

Schedule A (Form 990 or 990-EZ) 2015

Sche Pa i	dule A (Form 990 or 990-EZ) 2015 IN SAN DIEGO † V Type III Non-Functionally Integrated 509	No)(2) Supporting Org		5-3641387 Page 7
	on D - Distributions	nance of supporting Organia	amzations (continued)	Current Year
<u> </u>	Amounts paid to supported organizations to accomplish exe	mnt nurnosas		Ourrent real
2	Amounts paid to perform activity that directly furthers exem			
2	organizations, in excess of income from activity	pr purposes or supported		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ne	
4	Amounts paid to acquire exempt use assets	les of supported organization	19	
	Qualified set-aside amounts (prior IRS approval required)	**		
5				
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which 1	ha arganization is recognize	^	
8		rie organization is responsiv	5	
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		/::\	(iii)
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

ASSOCIATION FOR WALDORF EDUCATION

Schedule A	(Form 990 or 990-EZ) 2015 IN SAN DIEGO	95-3641387 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Feart IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part IV, Section E, lines 2, 5, and 6.	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V, art for any additional information.
	(See instructions.)	
-		
•		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Name of the organizatio	n	Employer identification number
	ASSOCIATION FOR WALDORF EDUCATION	95-3641387
Organization type (check		Ju Juliano.
Filers of:	Section:	

Filers of	•	Section	on:
Form 990	0 or 990-EZ	X	501(c)(3) (enter number) organization
			4947(a)(1) nonexempt charitable trust not treated as a private foundation
			527 political organization
Form 990	0-PF		501(c)(3) exempt private foundation
			4947(a)(1) nonexempt charitable trust treated as a private foundation
			501(c)(3) taxable private foundation
			ed by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule		
	-	-	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ntributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special i	Rules		
	sections 509(a)(1) a any one contributor	nd 170 , durin	bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under D(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from g the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, Complete Parts I and II.
	year, total contribut	ions of	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the f more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for o children or animals. Complete Parts I, II, and III.
	year, contributions of is checked, enter he purpose. Do not con	<i>exclusi</i> ere the mplete	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box total contributions that were received during the year for an exclusively religious, charitable, etc., any of the parts unless the General Rule applies to this organization because it received nonexclusively contributions totaling \$5,000 or more during the year
Caution.	. An organization that	at is no	ot covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
ASSOCIATION FOR WALDORF EDUCATION
IN SAN DIEGO

Employer identification number

95-3641387

Part I	Contributors	(see instructions).	Use duplicate copies of	Part I if additional space is needed.
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			· · · · · · · · · · · · · · · · · · ·
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>12,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash Complete Part II for noncash contributions.)

Employer identification number

ASSOCIATION FOR WALDORF EDUCATION IN SAN DIEGO

95-3641387

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

art II	Noncash Property (see instructions). Use duplicate copies of Part	ii if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
$-\overline{ }$		 	

Name of organization **Employer identification number** ASSOCIATION FOR WALDORF EDUCATION 95-3641387 IN SAN DIEGO Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this Info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ASSOCIATION FOR WALDORF EDUCATION TN SAN DIEGO

Employer identification number 95-3641387

Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	•
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised to	funds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose con	
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat Preservation of a certified	I historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	1 1
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	panization during the tax
	year▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserve	
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	l)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for
	conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 treasures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	

532051 11-02-15

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

Schedule D (Form 990) 2015

IN	SAN	DIEGO
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Paı	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, d	or Othe	r Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the	following tha	t are a sig	gnificant u	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exen	npt purpo	se in Par	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No_
Pai	t IV Escrow and Custodial Arran								line 9, o	r	
	reported an amount on Form 990, Pai										
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for	contribution	ns or other as	sets not i	ncluded		_		_
	on Form 990, Part X?								Yes		No
þ	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						. 1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.	•]
	t V Endowment Funds. Complete it						0.				
		(a) Current year		rior year	(c) Two year			ears back	(e) Fou	r years	back
1a	Beginning of year balance										
	Contributions						·				
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
_	Other expenditures for facilities										
e	•										
	and programs					-					
	Administrative expenses								-		
g	End of year balance		- /ina 1	a solumn ()) bold oo:						
2	Provide the estimated percentage of the curr	-		g, column (a	a)) nelo as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ession of the organiza	ation the	at are neid a	nd administe	rea for th	e organız	ation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
þ	If "Yes" on line 3a(ii), are the related organiza	•							3b		
4	Describe in Part XIII the intended uses of the		wment 1	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered				····			 			
	Description of property	(a) Cost or of			or other		cumulate	a	(d) Boo	k valu	е
	Land	basis (investn	iletti)		(other)	uep	reciation		1 55	2 7	06
1a	Land				3,796.		16 1		$\frac{1,55}{2}$		
b	Buildings			4,24	5,437.		16,4		<u>3,52</u>	J, U	40.
C	Leasehold improvements				F 202			. 			~
	Equipment				5,393.		6,0			<u>9,3</u>	
	Other				4,317.	1	12,50			<u>1,8</u>	
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colun	nn (B), line 1	(0c.)				<u>5,23</u>	<u>3,9</u>	<u> 31.</u>

Schedule D (Form 990) 2015

IN	S	NΑ	מ	T	E	G	C
	~			-	_	v	v

	(b) Book value	11b. See Form 990, Part)	on: Cost or end-of-year	narket value
(a) Description of security or category (including name of security)	(D) DOOK VAIGO	(O) INCLIDE OF VARIABLE	500t 0. 0.la 0. jour 1	
1) Financial derivatives			<u> </u>	
2) Closely-held equity interests				
3) Other			· 	
(A)			<u> </u>	
(B)				
(C)	· · · · · · · · · · · · · · · · · · ·	 		
(D)				
(E)				
(F)				
(G)				
(H)		<u> </u>		
Total. (Col. (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 >	(, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year	narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		*		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	l			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part	(line 15	
	Description	7 110. 000 1 01111 330, 1 411 7		Book value
	Dogonphon		(5)	
(1)				
(2)				
(3)				
(4)				
(5)				
(5) (6)				
(5) (6) (7)				
(5) (6) (7) (8)				
(5) (6) (7) (8) (9)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			>	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form 990	Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability			Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes		the or 11f. See Form 990, (b) Book value	Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990	Part X, line 25.	
(5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		the or 11f. See Form 990, (b) Book value	Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITIES		the or 11f. See Form 990, (b) Book value	Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITIES (3)		the or 11f. See Form 990, (b) Book value	Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITIES (3) (4)		the or 11f. See Form 990, (b) Book value	Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITIES (3) (4) (5)		the or 11f. See Form 990, (b) Book value	Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITIES (3) (4) (5) (6) (7)		the or 11f. See Form 990, (b) Book value	Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITIES (3) (4) (5) (6)		the or 11f. See Form 990, (b) Book value	Part X, line 25.	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

532053 09-21-15 IN SAN DIEGO

Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per R	eturn	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,954,275.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
С	Recoveries of prior year grants		C40 030		
d	Other (Describe in Part XIII.)		648,038.		648,038.
e	Add lines 2a through 2d			2e 3	4,306,237.
3	Subtract line 2e from line 1	•••••		3	4,500,2576
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a			
a	Investment expenses not included on Form 990, Part VIII, line 7b		490,382.	3	
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	490,382.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,796,619.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts V	/ith Expenses per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,697,715.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•••••			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	1 1			
С	Other losses	1 1			
d	Other (Describe in Part XIII.)		648,038.		
е	Add lines 2a through 2d			2e	648,038.
3	Subtract line 2e from line 1			3_	<u>4,049,677.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b_	490,382.		
С	Add lines 4a and 4b			4c	490,382.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,540,059.
	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			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 addit	ionai in	formation.		
—					
ומס	RT X, LINE 2:				
<u>rn</u>	(I A, DIME 2.				· · · · · · · · · · · · · · · · · · ·
тн	S SCHOOL HAS ADPOTED THE PROVISIONS OF ACCO	יייאוז(TNG STANDARD	S C	ODIFICATION
	- bonoon min interior	, , , , , , , , , , , , , , , , , , , 	LIC DILLIDIALE		
(")	ASC") 740-10-05 RELATING TO ACCOUNTING AND	REP	ORTING FOR U	NCE	RTAINTY IN
IN	COME TAXES. FOR THE SCHOOL, THESE PROVISION	IS C	OULD BE APPL	ICA	BLE TO
IN	CURRANCE OF ANY UNRELATED BUSINESS INCOME A	TTR	IBUTABLE TO	THE	SCHOOL.
BE	CAUSE OF THE SCHOOL'S GENERAL TAX-EXEMPT ST	UTA!	S, ASC 740-1	0-0	5 IS NOT
<u>AN'</u>	FICIPATED TO HAVE A MATERIAL IMPACT ON THE	SCH	OOL'S FINANC	IAL	
ST	ATEMENTS.				
וגמו	OM VI I THE ON OMITED AD THOMASHING.				
ra.	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
Q D1	CIAL EVENTS EXPENSES				
<u>ue</u>	TOTAL DARKED BULDINGED				
CO	ST OF GOODS SOLD				
53205 09-21				Sched	lule D (Form 990) 2015

ASSOCIATION FOR WALDORF EDUCATION

Schedule D (Form 990) 2015 IN SAN DIEGO	95-3641387 Page 5
Schedule D (Form 990) 2015 IN SAN DIEGO Part XIII Supplemental Information (continued)	
RENTAL EXPENSES	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS AND ASSISTANCE	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSES	
COST OF GOODS SOLD	
RENTAL EXPENSES	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS AND ASSISTANCE	
GRANIS AND ASSISTANCE	

Schedule D (Form 990) 2015

SCHEDULE E

(Form 990 or 990-EZ)

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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

ASSOCIATION FOR WALDORF EDUCATION IN SAN DIEGO

Employer identification number 95-3641387

			YES	N
	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	
	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	_
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		·	
	If you need more space, use Part II	3_	X	L
	THE SCHOOL PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY			
	THROUGH THE USE OF ITS SCHOOL WEBSITE.			
	Does the organization maintain the following?		•	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	-
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	\vdash
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			l
	admissions, programs, and scholarships?	4c	X	┞
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	l
d	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
d	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to:			
а	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	-5a		
a b	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5b		
a b c	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		:
a b c d	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		
abcde	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		:
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		:
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h		
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h		
abcdefgh	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h		
abcdefgh	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h		

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

Schedule E (Form 990 or 990-EZ) (2015)

ASSOCIATION FOR WALDORF EDUCATION

Schedule E	(Form 990 or 990-EZ) (2015) IN SZ	AN DIEGO	95-3641387 Page 2
Part II	(Form 990 or 990-EZ) (2015) IN Sa Supplemental Information.	Provide the explanations required by Part I, lines 3,	4d, 5h, 6b, and 7, as applicable.
	Also provide any other additional inf		, , , , , , ,
	Also provide any other additional in	offination.	
		······································	
	. <u>.</u>		
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-	700		
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2015

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

ASSOCIATION FOR WALDORF EDUCATION

Employer identification number

95-3641387 IN SAN DIEGO Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? from activity fundraiser or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

532081

Schedule G (Form 990 or 990-EZ) 2015

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

9	<u>5-</u>	<u>3</u>	6	4	<u>1</u>	3	8	<u>7</u>	Page	2

Pa	Part II 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.									
		of fundraising event contributions and gro				ots greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			~~~ TITELIM	CITATORD BATOR	1	(add col. (a) through				
			**	WINTER FAIRE (event type)	(total number)	col. <b>(c)</b> )				
e			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	107,355.	20,754.	14,610.	142,719.				
	2	Less: Contributions	10,590.	2,500.	7,412.	20,502.				
	3	Gross income (line 1 minus line 2)	96,765.	18,254.	7,198.	122,217.				
	4	Cash prizes								
Ø	5	Noncash prizes			_					
bense	6	Rent/facility costs	19,113.	618.		19,731.				
Direct Expenses	7	Food and beverages	715.	723.		1,438.				
Ö		Fotostalos susta	2,200.			2,200.				
	8	Entertainment			7,094.	22,699.				
	9	Other direct expenses				46,068.				
	10 11	•				76,149.				
Pa	irt l		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than					
		\$15,000 on Form 990-EZ, line 6a.			•					
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
Revenue			(a) Billyo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
ě										
_	1	Gross revenue								
Ses	2	Cash prizes								
Expenses	3	Noncash prizes								
Direct 6	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes% No	Yes %	Yes% No	The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>					
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		<b>&gt;</b>					
		,								
9	Enf	ter the state(s) in which the organization condu	ıcts gaming activities: _							
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		. LYes LNo				
b	If "	No," explain:								
		ere any of the organization's gaming licenses re	•			. L Yes No				
b	IT "	Yes," explain:								
	_									
	_									
5220		R-14-15			Schadula G (Eco	rm 990 or 990-EZ) 2015				

# ASSOCIATION FOR WALDORF EDUCATION

Sch	nedule G (Form 990 or 990-EZ) 2015 IN SAN DIEGO	95-30	<u> 541</u>	387	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:				
á	a The organization's facility	<u> </u>	13a		<u>%</u>
t	a An outside facility	L	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:			
	Name ▶				
	Address	-			<del></del>
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	•••••		Yes	☐ No
ŧ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt			
	of gaming revenue retained by the third party ▶\$				
C	olf "Yes," enter name and address of the third party:				
	Name ►				
	Address >				
16	Gaming manager information:				
	Name >				
	Gaming manager compensation > \$				
	Description of services provided				<del></del>
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
_	retain the state gaming license?			Yes	☐ No
t	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 > \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	Part III, lin	es 9,	9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional miorination (see instructions).				
			_		
_					

# ASSOCIATION FOR WALDORF EDUCATION 95-3641387 Page 4 IN SAN DIEGO Schedule G (Form 990 or 990-EZ) Part IV | Supplemental Information (continued)

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2015

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

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Schedule I (Form 990) (2015)

Name of the organization ASSOCIATION FOR WALDORF EDUCATION IN SAN DIEGO							Employer identification number 95-3641387
Part I General Information on Grants and Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Z Yes No  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.							
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. Part II can be duplicated if additional space is needed.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			_				
							<u> </u>
······································							
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 Reduction Act Notice, see the Instructions for Form 990.

ASSOCIATION FOR WALDORF EDUCATION

IN SAN DIEGO

Schedule I (Form 990) (2015)

Part III

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.

Page 2

95-3641387

(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 non-cash assistance
TUITION ASSISTANCE	0	490 382	0	NOILLINE GO TSOO-XOOB	
Part IV   Supplemental Information. Provide the information required in DART T TINE 2.	luired in Part I, lin	e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	dditional information.	
FINANCIAL AID IS BASED ON NEED. A	A TUITION 1	MANAGEMENT	ION MANAGEMENT COMPANY COLLECTS	OLLECTS	
INFORMATION FROM THE FAMILIES SEEKING	- 1	ION ASSIST	TUITION ASSISTANCE AND COMPILES	OMPILES	
FINANCIAL REPORTS. A TUITION ASSISTANCE COMMITTEE THEN REVIEWS THE REPORTS	STANCE CO	MMITTEE TH	EN REVIEWS	THE REPORTS	
AND DETERMINES AWARDS.					

Schedule I (Form 990) (2015)

## **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. ASSOCIATION FOR WALDORF EDUCATION IN SAN DIEGO

**Employer identification number** 95-3641387

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOCIOECONOMIC BACKGROUNDS.
FORM 990, PART VI, SECTION B, LINE 11:
FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE, COMPRISED OF AT LEAST ONE
BOARD MEMBER, AND IS ALSO REVIEWED BY BUSINESS STAFF AT THE SCHOOL SITE.
ONCE THE REVIEW IS COMPLETE, IT IS PROVIDED TO THE ENTIRE BOARD IN A BOARD
MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE SCHOOL MONITORS AND ENFORCES ITS CONFLICTS OF INTEREST POLICY BY THE
FORM OF DISCUSSION/QUESTIONING DURING BOARD MEETINGS AND GROUP MEETINGS.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION OF OFFICERS, MANAGEMENT, AND KEY EMPLOYEES IS DETERMINED BY
THE BOARD OF DIRECTORS BASED UPON AVAILABILITY OF FUNDS AND COMPARABLE
SALARIES IN THE AREA. THE BOARD HAS CURRENTLY ESTABLISHED A PAYSCALE BASED
UPON COMPARABLE SALARIES IN THE AREA.
FORM 990, PART VI, SECTION C, LINE 18:
THE SCHOOL MAKES IT'S DOCUMENTS AVAILABLE FOR INSPECTION UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Sched	ule O (Form 99	90 or 99	0-EZ) (20	15)					Page:
Name	of the organiza			CIATION AN DIEGO		WALDORF E	DUCATION		Employer identification number 95-3641387
mur	COHOOT	ננא פי	MOM	CITA MCITA	` TMC	OVEDCTCU	n DDOCECC		
THE	SCHOOL	HAS	NOT	CHANGE	) ITS	OVERSIGH	r PROCESS.		
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Asset No.	Description	Dat Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES												
5	2ND GRADE CHAIRS	0825	05	SL	5.00	16	1,496.			1,496.	1,496.		0.
6	PHONE SYSTEM	0825	0 5	SL	10.00	16	3,250.			3,250.	3,250.		0.
7	PHONE UPGRADE	0913	05	SL	10.00	16	1,467.			1,467.	1,467.		0.
8	PHONE UPGRADE	1003	05	SL	10.00	16	2,250.			2,250.	2,250.		0.
9	AUDITORIUM BENCHES	0130	06	SL	5.00	16	1,000.			1,000.	1,000.		0.
10	BIRCH EURHMY FLOOR	0614	106	SL	20.00	16	20,493.			20,493.	9,221.		1,025.
11	OFFICE RE-CARPET	0623	306	SL	5.00	16	1,441.		. 1 1 1	1,441.	1,441.		0.
25	SEA CARGO CONTAINER	0723	306	SL	5.00	16	800.			800.	800.	ı	0.
26		0814	106	SL	5.00	16	1,368.		, 194	1,368.	1,368.	· · · · · · · · · · · · · · · · · · ·	0.
27	AUDITORIUM FOLDING CHAIRS	0906	06	SL	5.00	16	592.			592.	592.		0.
28	TABLE	0914	106	SL	5.00	16	790.			790.	790.	·	0.
29	3 CABINETS	0919	906	SL	5.00	16	1,200.			1,200.	1,200.		0.
30	38 CHAIRS	0919	0 6	SL	5.00	16	1,900.			1,900.	1,900.		0.
31	CHAIRS	0928	306	SL	5.00	16	3,019.			3,019.	3,019.		0.
32	FAST SIGNS	0928	306	SL	5.00	16	800.		e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la co	800.	800.		0.
33	CHALKBOARDS	0928	306	SL	5.00	16	1,258.			1,258.	1,258.		0.
34	LIVE WIRE COMMUNICATIONS	1004	406	SL	10.00	16	1,298.			1,298.	1,168.		130.

528102 04-01-15 990

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
35	BENCHES	101006	SL	5.00	16	790.			790.	790.		0.
36	FAST SIGNS	110306	SL	5.00	16	1,394.			1,394.	1,394.		0.
37	COMPUTERS	022707	SL	5.00	16	1,608.			1,608.	1,608.		0.
38	WEBSITE	033007	SL	5.00	16	4,150.			4,150.	4,150.		0.
56	WEBSITE	073107	SL	5.00	16	1,490.			1,490.	1,490.		0.
57	NEW CHAIRS/TABLES	080607	SL	5.00	16	3,446.			3,446.	3,446.		4.40. O.
58	CHAIRS	080607	SL	5.00	16	2,621.		. An extension	2,621.	2,621.		0.
59	TRAKWARE INC	120707	SL	5.00	16	3,363.			3,363.	3,363.		0.
60	SWING SET	101207	SL	5.00	16	701.	<u> </u> 		701.	701.		0.
61	SPACE ARCH	013008	SL	5.00	16	1,450.			1,450.	1,450.		0.
62	TRAKWARE INC	042808	SL	5.00	16	2,435.			2,435.	2,435.		0.
97	DISCOUNT SCHOOL	092309	SL	5.00	16	2,135.			2,135.	2,135.		0.
113	FENCE EXPANSION	073010	SL	10.00	16	1,900.	<u>.</u>		1,900.	1,140.		190.
114	SCIENCE TABLE	081310	SL	5.00	16	5,064.			5,064.	5,064.		0.
115	11 WOODEN CHAIRS	091010	SL	5.00	16	1,854.			1,854.	1,854.		0.
116	8 STUDENT DESKS	091010	SL	5.00	16	960.			960.	960.		0.
117	EQUIPMENT	092710	SL	5.00	16	1,689.		Sew Burrow	1,689.	1,689.	et egenetgig taga nakko	0.
118	BIZCHAIR FURNITURE	101110	SL	5.00	16	552.			552.	552.		0.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
119	DELL IT	101110	SL	5.00	16	2,040.			2,040.	2,040.	·	0.
120	EQUIPMENT	011211	SL	5.00	16	2,375.			2,375.	2,375.		0.
121	TABLE/BECH	030311	SL	5.00	16	601.			601.	601.		0.
122	STACKING CHAIRS	030311	SL	5.00	16	796.			796.	796.		0.
125	WASHER/DRYER	111312	SL	5.00	16	1,346.	:		1,346.	718.		269.
	CIRCULAR SAW	030713	SL	5.00	16	678.		·	678.	317.		136.
129	ASUS H61M-PLUS DESTOP	082813	SL	5.00	16	2,422.			2,422.	925.		484.
130	CHAIRS COLINA CAMPUS	081213	SL	5.00	16	951.			951.	380.		190.
131	FOLDING CHAIRS - COLINA CAMPUS	081213	SL	5.00	16	799.			799.	319.		160.
132	CHALKBOARDS COLINA CAMPUS ACER ASPIRE	081213	SL	5.00	16	979.			979.	392.		196.
	V5471P	090313	SL	5.00	16	789.			789.	301.		158.
134	PRINTER	100913	SL	5.00	16	809.			809.	294.		162.
	SCANNER	110113	SL	5.00	16	475.			475.	164.		95.
136	WINTER FAIRE SUPPLIES	010114	SL	5.00	16	8,093.			8,093.	2,502.		1,619.
137	50 METAL FOLDING CHAIRS	012214	SL	5.00	16	688.			688.	200.	į	138.
	50 METAL FOLDING CHAIRS	012214	SL	5.00	16	687.	,		687.	200.	· 5	137.
	SCRIP PRINTER CREDIT CARD	030114	SL	5.00	16	325.			325.	89.	i s	65.
	TERMINAL	030314	SL	5.00	16	678.			678.	185.		136.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
141	WOODCREST CHAIR	061814	SL	5.00	16	151.			151.	33.		30.
148	CONTAINER	070114	SL	5.00	16	500.			500.	100.		100.
149	SOLAR EXPENDITURE	070114	SL	5.00	16	22,772.			22,772.	4,554.		3,073.
150	CABINETS	070914	SL	5.00	16	351.			351.	70.		70.
		071514	SL	5.00	16	6,105.		0.454	6,105.	1,119.		1,221.
	CHAIRS FOR MUSIC ROOM	081114	SL	5.00	16	1,552.		e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	1,552.	259.		310.
153	6 FOLDING TABLES	081314	SL	5.00	16	548.			548.	91.		110.
154	WARDROBS	081814	SL	5.00	16	952.			952.	159.	'	190.
155	USMARKER BOARD	082014	SL	5.00	16	547.			547.	91.		109.
156	TABLES & STOOLS	082214	SL	5.00	16	2,725.			2,725.	454.		545.
157	CLASSROOM FURNITURE	082314	SL	5.00	16	5,745.			5,745.	958.		1,149.
		082714	SL	5.00	16	756.			756.	126.		151.
159	· ·	082914	SL	5.00	16	1,592.			1,592.	265.		318.
	IKEA FURNITURE082714	083014	SL	5.00	16	470.	. vad 15.594		470.	78.		94.
161	FURNITURE & FIXTURE	090514	NC	.000		-226.			-226.			0.
		091014	SL	5.00	16	580.			580.	87.		116.
	FUJITSU SNAPSCAN SCANNER	091014	SL	5.00	16	968.			968.	145.		194.
164	DESKTOP MOTHERBOARD	120914	SL	5.00	16	2,511.			2,511.	251.		502.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
		121214	SL	5.00	16	400.			400.	40.		80.
166S		021715	SL	5.00	16	1,062.			1,062.	71.	1.5	212.
	ECURITY CAMERA	032715	SL	5.00	16	7,913.			7,913.	396.		783.
168E	QUIPMENT	063015	SL	5.00	16	13,000.			13,000.			1,300.
175s	ECURITY SYSTEM	070115	SL	5.00	16	10,777.		y dv Našeli	10,777.			1,976.
176F	URNITURE & FIXTURE	081315	SL	5.00	16	508.			508.			85.
		082115	SL	5.00	16	264.	ugny i kin	er vit ett	264.	an an an am an an an an an an an an an an an an an	<i>2.</i>	44.
	NEC DSX 34 BUTTON ELEPHONE SET	082615	SL	5.00	16	259.			259.			43.
		083015	SL	5.00	16	1,336.	28451 T USB	na y je api	1,336.			223.
	EC DSX 34 BUTTON ELEPHONE	090115	SL	5.00	16	319.			319.			48.
181s	TUDENT CHAIRS	090315	SL	5.00	16	1,064.	i u u sest		1,064.	v.		160.
182B	ACKYARD ADVENTURES	090415	SL	5.00	16	1,825.			1,825.	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o		274.
were the provider of the	8000 BTU A/C UNIT	090915	SL	5.00	16	3,289.	n salakarsikan	Logic, the site of the	3,289.	e a la caracteria	E. AW	494.
and the second of the second	HAIRS FOR FACULTY OUNGE	091215	SL	5.00	16	82.			82.			12.
1856	DESKTOP COMPUTERS	091415	SL	5.00	16	4,745.			4,745.	195 - 195 - 1		712.
	'ABLE FOR KITCHEN 'URNITURE FOR FIBER	091415	SL	5.00	16	209.			209.			31
187R		092315	SL	5.00	16	238.			238.			36
<ol> <li>(4) ** ** ** ** ** ** ** ** ** ** ** ** **</li></ol>		100515	SL	5.00	16	396.			396.			53.

⁽D) · Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	5 PORT NETWORK SWITCH	100515	SL	5.00	16	737.			737.			98.
190	2 COMPUTERS	103015	SL	5.00	16	1,593.			1,593.			212.
191	COMPUTER MONITOR	111015	SL	5.00	16	144.			144.	:		17.
192	BUS OFFICE DESK	111815	SL	5.00	16	119.			119.			14.
		120415	SL	5.00	16	199.			199.			20.
	QQEST SOFTWARE SYSTEM	062116	SL	5.00	16	4,082.			4,082.			0.
195	5 COMPUTERS	063016	SL	5.00	16	1,782.			1,782.			0.
_		063016	SL	5.00	16	11,830.			11,830.	·	; 	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR TRANSPORTATION EQUIPMENT					224,326.		0.	224,326.	92,007.	0.	20,499.
207	VOLKSWAGON VAN #1	103015	SL	5.00	16	15,131.			15,131.	Specific Control		2,036.
208	VOLKSWAGON VAN #2	103015	SL	5.00	16	15,131.	-	,	15,131.		a (A)	2,026.
	 VOLKSWAGON VAN #3 * 990 PAGE 10 TOTAL	103015	SL	5.00	16	15,131.		g( ₁ 1)	15,131.		. 191	2,027.
	TRANSPORTATION EQU				į	45,393.		0.	45,393.	0.	0.	6,089.
	LAND							!		est to the second		Rije e
2	LAND3547 ALTADENA	092999	L			147,685.			147,685.		,	0.
22	VACANY LOT ALTADENA	020906	L			213,403.			213,403.			0.
23	LAND3539 ALTADENA	041406	i L			52,192.			52,192.			0.

⁽D) · Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
24	LAND3541 ALTADENA	041406	ь			52,190.			52,190.			0.
	LAND3565 ALTADENA	071907	L L			85,796.			85,796.		era era Billion	0.
128		111813	ь Б			1002530.			1002530.			0.
	* 990 PAGE 10 TOTAL LAND					1553796.		0.	1553796.	0.	0.	0.
	BUILDINGS BUILDING3547			i						-		
1	ALTADENA	092999	SL	50.00	16	590,740.			590,740.	207,138.		11,815.
3		041406	SL	50.00	16	208,760.			208,760.	39,757.		4,175.
4		041406	SL	50.00	16	208,760.			208,760.	39,756.		4,175.
55		071907	SL	50.00	16	343,184.			343,184.	57,015.		6,864.
79	BUILDING IMPROVEMENT3547 A	041309	SL	50.00	16	5,040.			5,040.	706.	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	101.
127	BUILDING 4135-4137 54TH PLAC		SL	50.00	16	1897470.			1897470.	62,099.		37,949.
	* 990 PAGE 10 TOTAL BUILDINGS					3253954.		0.	3253954.	406,471.	0.	65,079.
	* 990 PAGE 10 TOTAL -	1				5077469.		0.	5077469.	498,478.	0.	91,667.
	BUILDINGS					tak la						
12	IMPROVEMENTS	081505	SL	10.00	16	6,979.			6,979.	6,979.	:	0.
13	IMPROVEMENTS	090105	SL	10.00	16	1,300.		in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	1,300.	1,300.		0.
14	IMPROVEMENTS	091705	SL	50.00	16	7,711.			7,711.	1,542.		154.
15	IMPROVEMENTS	101805	SL	10.00	16_	19,000.			19,000.	19,000.		0.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
16	IMPROVEMENTS	122905	SL	10.00	16	1,500.			1,500.	1,425.		75.
17	IMPROVEMENTS	011906	SL	10.00	16	1,747.			1,747.	1,659.		88.
18	IMPROVEMENTS	050406	SL	50.00	16	2,000.			2,000.	360.		40.
19	IMPROVEMENTS	061006	SL	10.00	16	1,500.			1,500.	1,350.		150.
20	IMPROVEMENTS	061906	SL	10.00	16	4,000.			4,000.	3,600.		400.
21	IMPROVEMENTS	062006	SL	10.00	16	2,746.			2,746.	2,471.		275.
39	IMPROVEMENTS	072306	SL	50.00	16	7,940.			7,940.	1,429.	İ	159.
40	IMPROVEMENTS	072306	SL	50.00	16	12,306.			12,306.	2,215.		246.
41	IMPROVEMENTS	072306	SL	50.00	16	8,500.			8,500.	1,530.		170.
42	IMPROVEMENTS	081406	SL	10.00	16	11,525.	:		11,525.	10,373.	·	1,152.
43	IMPROVEMENTS	081406	SL	50.00	16	20,446.			20,446.	3,680.	1.164	409.
44	IMPROVEMENTS	081506	SL	50.00	16	1,219.		٠.	1,219.	219.		24.
45	IMPROVEMENTS	101006	SL	50.00	16	171,937.			171,937.	30,949.		3,439.
46	IMPROVEMENTS	101206	SL	50.00	16	16,437.	e ja Nasa sa	1000克() 1000克()	16,437.	2,959.		329.
47	IMPROVEMENTS	101206	SL	10.00	16	1,950.			1,950.	1,755.		195.
48	IMPROVEMENTS	110306	SL	50.00	16	1,393.		e e e e e e e e e e e e e e e e e e e	1,393.	251.		28.
49	IMPROVEMENTS	020907	SL	50.00	16	9,395.			9,395.	1,597.		188.
50	IMPROVEMENTS	020907	SL	50.00	16	764.		4. J	764.	130.		15.

⁽D) · Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	IMPROVEMENTS	030207	SL	50.00	16	14,446.			14,446.	2,456.		289.
52	IMPROVEMENTS	033007	SL	10.00	16	1,535.		·	1,535.	1,305.		154.
53	IMPROVEMENTS	050807	SL	50.00	16	5,392.			5,392.	863.		108.
54	IMPROVEMENTS	062707	SL	10.00	16	13,300.			13,300.	10,640.		1,330.
63	IMPROVEMENTS	072007	SL	50.00	16	35,726.			35,726.	5,716.		715.
64	IMPROVEMENTS	092707	SL	50.00	16	17,704.			17,704.	2,833.		354.
65	IMPROVEMENTS	110207	SL	50.00	16	24,587.			24,587.	3,934.		492.
66	IMPROVEMENTS	111807	SL	50.00	16	4,274.		w	4,274.	684.		85.
67	IMPROVEMENTS	121907	SL	50.00	16	5,898.			5,898.	885.		118.
68	IMPROVEMENTS	012208	SL	50.00	16	13,926.	:	With the Control	13,926.	2,089.		279.
69	IMPROVEMENTS	021508	SL	50.00	16	3,953.			3,953.	593.		79.
70	IMPROVEMENTS	030708	SL	50.00	16	17,368.		ies Sies	17,368.	2,605.		347.
71	IMPROVEMENTS	040208	SL	50.00	16	5,713.	J.		5,713.	857.		114.
72	IMPROVEMENTS	041408		50.00	16	5,983.	4:	Tara Suuringa sa	5,983.	897.		120.
	IMPROVEMENTS	041708		50.00	16	589.			589.	88.		12.
	IMPROVEMENTS	042808	<b>.</b>	50.00		7,136.			7,136.			143.
	IMPROVEMENTS	052708		50.00	1	23,786.			23,786.			476.
	IMPROVEMENTS	052808		50.00	1	3,349.			3,349.	502.		67.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
77	IMPROVEMENTS	061008	SL	50.00	16	11,913.			11,913.	1,787.		238.
80	IMPROVEMENTS	080608	SL	50.00	16	15,039.			15,039.	2,105.		301.
81	IMPROVEMENTS	081508	SL	50.00	16	7,601.			7,601.	1,064.	ı	152.
82	IMPROVEMENTS	082208	SL	50.00	16	85.		·	85.	12.		2.
83	IMPROVEMENTS	091208	SL	50.00	16	9,283.			9,283.	1,300.		186.
84	IMPROVEMENTS	091908	SL	50.00	16	802.		:	802.	112.		16.
85	IMPROVEMENTS	100308	SL	50.00	16	701.			701.	99.		14.
86	IMPROVEMENTS	101608	SL	5.00	16	75.			75.	75.		0.
87	IMPROVEMENTS	101608	SL	50.00	16	5,845.			5,845.	818.		117.
88	IMPROVEMENTS	103108	SL	50.00	16	1,645.			1,645.	230.		33.
89	IMPROVEMENTS	111008	SL	50.00	16	11,185.			11,185.	1,566.		224.
90	IMPROVEMENTS	112108		50.00	16	2,209.		·	2,209.	309.		44.
	IMPROVEMENTS	120808		50.00		804.			804.	113.		16.
	IMPROVEMENTS	012609	]	50.00		5,000.		es e e e e e e e e e e e e e e e e e e	5,000.	700.		100.
	IMPROVEMENTS	031909		50.00		789.			789.	111.		16.
	IMPROVEMENTS	051309		50.00		8,681.			8,681.	1,215.		174.
	IMPROVEMENTS	052709		50.00		4,993.		. 45.7	4,993.	699.		100.
	IMPROVEMENTS	062909		5.00		-1,413.		ere e	-1,413.	-28 <b>4</b> .		0.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
98	IMPROVEMENTS	072809	SL	50.00	16	1,000.	r jer		1,000.	140.		20.
99	IMPROVEMENTS	073109	SL	5.00	16	-589.		3	-589.	-589.		0.
100	IMPROVEMENTS	073109	SL	50.00	16	153,116.			153,116.	21,436.		3,062.
101	IMPROVEMENTS	080109	SL	50.00	16	6,000.			6,000.	720.		120.
102	IMPROVEMENTS	092409	SL	50.00	16	4,950.			4,950.	594.		99.
103	IMPROVEMENTS	100909	SL	50.00	16	543.			543.	65.	·	11.
104	IMPROVEMENTS	102009	SL	50.00	16	5,896.			5,896.	708.		118.
105	IMPROVEMENTS	121009	SL	50.00	16	720.			720.	86.		14.
106	IMPROVEMENTS	122109	SL	50.00	16	6,307.			6,307.	757.		126.
107	IMPROVEMENTS	012010	SL	50.00	16	460.			460.	55.		9.
108	IMPROVEMENTS	020310	SL	50.00	16	2,500.			2,500.	300.		50.
109	IMPROVEMENTS	020910	SL	50.00	16	4,225.	er er er Er		4,225.	507.		85.
110	IMPROVEMENTS	021910	SL	50.00	16	11,895.			11,895.	1,427.		238.
111	IMPROVEMENTS	022510	SL	50.00	16	2,060.		i E Market	2,060.	247.		41.
112	IMPROVEMENTS	031110	SL	50.00	16	10,417.			10,417.	1,250.		208.
123	IMPROVEMENTS	091010	SL	50.00	16	3,250.		1 W	3,250.	325.		65.
124	IMPROVEMENTS	110110	SL	50.00	16	5,300.			5,300.	530.		106.
142	IMPROVEMENTS	080113	SL	5.00	16	66,726.			66,726.	26,690.		13,345.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
143	IMPROVEMENTS	093013	SL	5.00	16	491.			491.	179.		98.
144	IMPROVEMENTS	100813	NC	.000		-2,238.			-2,238.			0.
145	IMPROVEMENTS	010114	SL	10.00	16	1,342.			1,342.	207.		134.
146	IMPROVEMENTS	092514	SL	5.00	16	867.			867.	130.		173.
147	IMPROVEMENTS	121814	SL	5.00	16	500.		į.	500.	50.		100.
197	IMPROVEMENTS	070615	SL	7.00	16	4,939.			4,939.			647.
198	IMPROVEMENTS	080715	SL	7.00	16	1,518.			1,518.			181.
199	IMPROVEMENTS	081015	SL	7.00	16	975.			975.			116.
200	IMPROVEMENTS	081815	SL	7.00	16	1,260.			1,260.			150.
201	IMPROVEMENTS	082615	SL	50.00	16	1,435.		-	1,435.			24.
202	IMPROVEMENTS	090715	SL	7.00	16	739.			739.			79.
203	IMPROVEMENTS	090715	SL	7.00	16	330.			330.		*	35.
204	IMPROVEMENTS	090915	SL	5.00	16	400.			400.			60.
205	IMPROVEMENTS	093015	SL	50.00	16	33,297.	`.		33,297.	·		499.
	IMPROVEMENTS	020116	SL	50.00	16	33,726.		ere.	33,726.	a salah da da		225.
I .	* 990 PAGE 10 TOTAL BUILDINGS		1			966,554.	ı	0.	966,554.	206,203.	0.	34,789.
	* 990 PAGE 10 TOTAL		!			966,554.		0.	966,554.	206,203.	0.	34,789.
F28402	BUILDINGS						- 18 - 18				1472	

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	COMMERCIAL KITCHEN REPAIR	09171	.4SL	10.00	16	2,039.			2,039.	153.		204.
	MUSIC ROOM STORAGE	1011	.4SL	10.00	16	8,768.			8,768.	585.		877.
171	INSTALL LOWER PARKING LOT REPLACE POST BOLTED	11141	.4SL	10.00	16	2,832.			2,832.	165.		283.
		11151	.4SL	10.00	16	132.	1.14		132.	8.		13.
173	ROOF REPAIR	0113	.5SL	10.00	16	4,000.			4,000.	167.		400.
174		01211	.5SL	10.00	16	7,158.			7,158.	298.		716.
	* 990 PAGE 10 TOTAL BUILDINGS * 990 PAGE 10 TOTAL					24,929.		0.	24,929.	1,376.	0.	2,493.
						24,929.	1.7	0.	24,929.	1,376.	0.	2,493.
	* GRAND TOTAL 990 PAGE 10 DEPR					6068952.		0.	6068952.	706,057.	0.	128,949.
	CURRENT ACTIVITY									n de el el		
	BEGINNING BALANCE					5899143.		0.	5899143.	706,057.		
	ACQUISITIONS					169,809.		0.	169,809.	0.		
ţ	DISPOSITIONS					0.		0.	0.	0.	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ENDING BALANCE				1,20	6068952.		0.	6068952.	706,057.		
	ENDING ACCUM DEPR								the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	835,006.	,	
	ENDING BOOK VALUE				11.1					5233946.		
								2	34 . 31 .			

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form 8868 (Rev. 1-2014)					Page 2	
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Mon</li> </ul>	th Extension, o	complete only Part II and check this	box		▶ \X.	
Note. Only complete Part II if you have already been grante	d an automatic	3-month extension on a previously fi	led Form 8	3868.		
<ul> <li>If you are filing for an Automatic 3-Month Extension, co</li> </ul>	mplete only Pa	ert I (on page 1).		<del></del> -		
Part II Additional (Not Automatic) 3-Mon	th Extensio					
		Enter filer's			ee instructions	
Type or Name of exempt organization or other filer, see	instructions.		Employer	identification	number (EIN) or	
print ASSOCIATION FOR WALDORF I						
File by the IN SAN DIEGO		95-3641387				
due date for Number, street, and room or suite no. If a P.O. I	Social se	curity number	r (SSN)			
return. See 3547 ALTADENA AVENUE						
City, town or post office, state, and ZIP code. F	or a foreign add	ress, see instructions.				
SAN DIEGO, CA 92105						
Enter the Return code for the return that this application is t	ior (file a separa	te application for each return)		•••••	0 1	
		T				
Application	Return	Application			Return	
ls For	Code	Is For			Code	
Form 990 or Form 990-EZ	01		· · · ·		·	
Form 990-BL	02	Form 1041-A				
Form 4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already gr	<u>anted an autor</u>	<u>natic 3-month extension on a prev</u>	iously file	<u>d Form 8868</u>	<u>.                                    </u>	
KIM GALVIN						
<ul> <li>The books are in the care of  3547 ALTADED</li> </ul>	IA AVENU	<u>E - SAN DIEGO, CA</u>	<u>92105</u>			
Telephone No. ► 619-287-3054		Fax No.				
<ul> <li>If the organization does not have an office or place of bu</li> </ul>						
<ul> <li>If this is for a Group Return, enter the organization's four</li> </ul>						
box 🕨 🔙 . If it is for part of the group, check this box 🕨	and atta	ch a list with the names and EINs of	all memb	ers the extens	sion is for.	
4 I request an additional 3-month extension of time unti		<u>15, 2017</u> .				
5 For calendar year, or other tax year beginning	ng <u>JUL 1</u>	<u>, 2015</u> , and endin	g_JUN	<u>30, 20</u>	<u>)16         </u> .	
6 If the tax year entered in line 5 is for less than 12 mon			Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS NEEDED 7	O OBTAI	N THE INFORMATION :	<u>NECES</u>	SARY TO	) FILE A	
COMPLETE AND ACCURATE RETUR	en.					
8a If this application is for Forms 990-BL, 990-PF, 990-T,	4720, or 6069,	enter the tentative tax, less any	ļ			
nonrefundable credits. See instructions.			8a	\$	<u> </u>	
b If this application is for Forms 990-PF, 990-T, 4720, or	6069, enter an	y refundable credits and estimated				
tax payments made. Include any prior year overpaym	ent allowed as a	a credit and any amount paid				
previously with Form 8868.			8b	\$	0.	
c Balance due. Subtract line 8b from line 8a. Include ye	our payment wit	h this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See			8c_	\$	0.	
Signature and Veri	fication mu	st be completed for Part II o	only.			
Under penalties of perjury, I declare that I have examined this form, it is true, correct, and complete, and that I am authorized to prepare	including accomp this form.	panying schedules and statements, and to	the best o	f my knowledge	e and belief,	
Signature Title	e ► CPA		Date			
· · · · · · · · · · · · · · · · · · ·					368 (Rev. 1-2014)	