** PUBLIC DISCLOSURE COPY **

Form **990**

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

OMB No. 1545-0047

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

Inspection

Department of the Treasury

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

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30,

A	For the	= 2017 calendar year, or tax year beginning $$ JUL $1,$ 2017 $$ and ending	JUN	30, 2018	•
_	Check if applicabl		D Er	nployer identifi	cation number
	applicabl	* ASSOCIATION FOR WALDORF EDUCATION			
	Addre chang	IN SAN DIEGO			
	Name chang			95-3	641387
Г	Initial return		suite E Te	elephone numbe	r
Ē	Final return	3547 ALTADENA AVENUE			287-3054
_	termin		G Gro	oss receipts \$	5,674,086
	Amen			ls this a group re	
	Applic				?Yes X No
	pendi	SAME AS C ABOVE			ncluded? Yes No
$\overline{}$	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(1) $ (insert no.) $4947(a)(1)$ or			list. (see instructions)
		te: > HTTP://WWW.WALDORFSANDIEGO.ORG/		Group exemption	,
					1 State of legal domicile: C
_	art I	Summary		1	<u></u>
_	T 1	Briefly describe the organization's mission or most significant activities: MAKE WAL	DORF	EDUCATIO	N AVAILABLE
Governance		TO ALL CHILDREN IN THE SAN DIEGO AREA.			
rna	2	Check this box if the organization discontinued its operations or disposed of r	more than 2	25% of its net as	ssets.
Ş.	1	Number of voting members of the governing body (Part VI, line 1a)		1 - 1	1:
		Number of independent voting members of the governing body (Part VI, line 1b)			1
ري وي		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			9
Activities		Total number of volunteers (estimate if necessary)			
ξį		Total unrelated business revenue from Part VIII, column (C), line 12			0
⋖		Net unrelated business taxable income from Form 990-T, line 34			0
_		· · · · · · · · · · · · · · · · · · ·		ior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		269,219.	343,300
	9	Program service revenue (Part VIII, line 2g)		628,664.	4,621,464
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		203.	268
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		181,389.	229,632
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		079,475.	5,194,664
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		487,751.	477,309
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,	056,090.	3,287,667
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0
e d	. b	Total fundraising expenses (Part IX, column (D), line 25) 124,734.			
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,	261,600.	1,358,827
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		805,441.	5,123,803
		Revenue less expenses. Subtract line 18 from line 12		274,034.	70,861
or or				of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		186,378.	6,095,817
Ass	21	Total liabilities (Part X, line 26)	4,	598,447.	4,437,025
Set	22	Net assets or fund balances. Subtract line 21 from line 20	1,	587,931.	1,658,792
P	art II	Signature Block	•		
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, an	nd to the best of my	y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	oarer has an	y knowledge.	
Sig	gn	Signature of officer		Date	
He	re	PATRICK GODDARD, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Pa	id	ANDREW J. OZUROVICH		if self-employe	
Pre	parer	Firm's name THE OZUROVICH GROUP, INC.		Firm's EIN	95-4502766
Us	e Only	Firm's address 1901 AVENUE OF THE STARS #1050			
		LOS ANGELES, CA 90067		Phone no. (3	10)226-7576
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			Yes No

Pa	Statement of Program Service Accomplishments	7
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission: TO AWAKEN EACH STUDENT'S CAPACITY FOR LOVE OF LEARNING, FOR	
	INDEPENDENT THINKING, AND FOR HEARTFELT SERVICE TO THE WORLD. MAKE	—
	WALDORF EDUCATION AVAILABLE TO ALL CHILDREN IN THE SAN DIEGO AREA	_
	THROUGH ACTIVE ENGAGEMENT WITH FAMILIES OF ALL ETHNIC, SPRITUAL, AND	
		—
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	_
		,
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.	_
3		,
4	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,005,204 • including grants of \$ 477,309 •) (Revenue \$ 4,719,589 •)	_
44	(Code:)(Expenses 4,005,204 including grants of \$ 4/7,309 i) (Revenue \$ 4,719,589 including grants of \$ A DEVELOPMENTALLY APPROPRIATE,	,)
	EXPERINTIAL APPROACH TO EDUCATION. THEY INTEGRATE THE ARTS AND	_
	ACADEMICS FOR CHILDREN FROM PRESCHOOL THROUGH TWELFTH GRADE. THE AIM OF	_
	THE EDUCATION IS TO INSPIRE LIFE-LONG LEARNING IN EACH STUDENT AND	_
	ENABLE THEM TO FULLY DEVELOP THEIR UNIQUE CAPACITIES. FOUNDED IN	_
	GERMANY IN THE EARLY 20TH CENTURY, WALDORF EDUCATION IS AN INDEPENDENT	_
	AND INCLUSIVE FORM OF EDUCATION BASED ON THE INSIGHTS AND TEACHING OF	_
	RENOWNED ANTROPOSOPHIST, ARTIST, AND SCIENTIST, RUDOLF STEINER.	_
	EVOLVING FROM A PROFOUND UNDERSTANDING OF THE HUMAN SPIRIT AND HUMAN	—
	DEVELOPMENT, WALDORF EDUCATION IS REGIONALLY ADAPTIVE AND HAS GROWN TO	—
	INCLUDE HUNDREDS OF SCHOOLS WORLDWIDE. 295 STUDENTS WERE ENROLLED FOR	_
	2017/2018 SCHOOL YEAR.	_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_
		,
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$.)
		_
		—
		—
		_
		—
		—
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,005,204.	_
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ASSOCIATION FOR WALDORF EDUCATION

Form 990 (2017)

IN SAN DIEGO

Part IV Checklist of Required Schedules

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

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ASSOCIATION FOR WALDORF EDUCATION IN SAN DIEGO

Form 990 (2017)

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		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.7
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_v
~ =	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	1101017 W. T. Girit 000 Higher and required to complete confedute of	, 00		

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 96			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7.7
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
C	to file Form 8282?	7c		x
Ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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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.

0						Λ			
Sec	tion A. Governing Body and Management								
		1.1	11[Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	/						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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								
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X			
6	•								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	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	ear by the following:							
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	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 bo	dy before filing the	form?	11a	Х				
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	Х				
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	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approve	al 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	Х				
b	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement 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	ate its participation	١						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization'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)s only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
		n in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest po	olicy, and	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 b	ooks and records:	>						
	KIM GALVIN - 619-287-3054								
	3547 ALTADENA AVENUE SAN DIEGO CA 92105								

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	(do not chec box, unless officer and a			rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	ours for related of minimum institutional trustee or direct 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) BONNIE HOLDEN	40.00	,,						76 000	•	0
TEACHER/BOARD MEMBER	F 00	Х						76,923.	0.	0
(2) ANDREW KEMAL	5.00	X		v				0.	0.	^
PRESIDENT (3) BRANDON ISELIN-BRADLEY	2.00	^		Х				0.	0.	0
(5) BRANDON ISELIN-BRADLEY SECRETARY	2.00	X		х				0.	0.	0
(4) PATRICK GODDARD	2.00			22				0.	0.	-
TREASURER	2:00	x		х				0.	0.	0
(5) ANTHONY CIRONE	40.00									
DEV. DIRECTOR/BOARD MEMBER	10000	x		х				77,479.	0.	0
(6) DOMINICK ARENA	2.00	 						,		
BOARD MEMBER		Х						0.	0.	0
(7) RACHEL DAVIS	40.00									
ADMINISTRATOR/BOARD MEMBER		Х		Х				76,960.	0.	0
(8) MARY CARMICHAEL	40.00									
TEACHER/BOARD MEMBER		Х						63,005.	0.	0
(9) MIREILLE CRONIN MATHER	2.00									
BOARD MEMBER		Х						0.	0.	0
(10) ERIC MITCHELL	5.00									
BOARD MEMBER		Х						0.	0.	0
(11) MICAH PARZEN	2.00								•	
BOARD MEMBER		Х						0.	0.	0
		_								
		1				1				

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Part \	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	D-98-				(D)	(E)			(F)				
	Name and title	Average hours per	(do not check more						Reportable	Reportable			timate	
		week					is bot or/trus		compensation from	compensatio from related			nount (other	ΣŤ
		(list any	tor						the	organizations			pensa	tion
		hours for	r direc				peq		organization	(W-2/1099-MIS			om the	
		related	stee o	rustee			oen sa		(W-2/1099-MISC)				anizati	
		organizations below	nal tru	onal t		oloyee	comp						d relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	JI 15
			=	=	0	×	Ξ 0	ш.						
			İ											
							-							
			ł											
	ub-total								294,367.		0.			0.
	otal from continuation sheets to Part VI								0. 294,367.		0.			0.
	otal (add lines 1b and 1c)otal number of individuals (including but n								·	000 of reportabl				<u> </u>
	ompensation from the organization	ot iimitea to tr	iose	IISLE	eu ai	DOV	e) wi	10 1	eceived more than \$100	,000 or reportable	ie			0
	Shipondation from the organization												Yes	No
3 D	id the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on				
lir	ne 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
	or any individual listed on line 1a, is the su	•							•	•				
	nd related organizations greater than \$15											4		X
	id any person listed on line 1a receive or a	•				•			•			-		Х
	endered to the organization? If "Yes," com on B. Independent Contractors	piete Scriedui	e J i	or st	JCH	pers	SOII .					5		
	omplete this table for your five highest co	mpensated inc	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	npens	ation 1	rom	
	ne organization. Report compensation for													
	(A)								(B)			(0		
	Name and business	address	N	INC	3			_	Description of s	ervices	С	ompe	nsatio	<u> </u>
								_						
								_						
2 T	otal number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	ster	d above) who received m	ore than				
	100,000 of compensation from the organi		. J. 11		٠.0		0			.5.5				
	, principal in the organi											Form	990 (2	2017)

Form 990 (2017) IN SAN Part VIII Statement of Revenue IN SAN DIEGO

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I a	LVI	Check if Schedule O conta		or note to any li	ao in this Part VIII			
		Crieck ii Scriedule O conta	ilis a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
ts,	С	Fundraising events	1c					
를	d	Related organizations	1d					
ns,		Government grants (contribution						
e ë	f	All other contributions, gifts, grants	s, and					
듗된		similar amounts not included above	e [1f	343,300.				
ont nd (_	Noncash contributions included in lines 1			242 200			
<u>a</u>	h	Total. Add lines 1a-1f			343,300.			
		MILTELON		Business Code		4 150 700		
jce		TUITION			4,158,720.	230,592.		
ne Z	b	·	ATT TT	611710	165 612	165,612.		
m S	C	FIELD TRIP REVER EXTENDED CARE	NUE	611710	66,540.	66,540.		
gra Re	d	EXIENDED CARE		011/10	00,540.	00,540.		
Program Service Revenue	e	All alle an area and a series and a						
_		All other program service rever			4,621,464.			
$\overline{}$	3	Total. Add lines 2a-2f			1,021,1010			
	Ū	other similar amounts)			268.			268.
	4	Income from investment of tax						
	5	Royalties						
	•		(i) Real	(ii) Personal				
	6 a	Gross rents	35,970	•				
	b	Less: rental expenses	0 .					
		Rental income or (loss)	35,970	•				
		Net rental income or (loss)		>	35,970.			35,970.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		. <u></u>				
Other Revenue	8 a	Gross income from fundraising including \$	events (not of					
ě		contributions reported on line						
e.		Part IV, line 18		135,838.				
€	b	Less: direct expenses	b	40,301.				
	С	Net income or (loss) from fundr	aising events	>	95,537.			95,537.
	9 a	Gross income from gaming act						
		Part IV, line 19		1				
		Less: direct expenses		·				
		Net income or (loss) from gamin	· ·	······ •				
	10 a	Gross sales of inventory, less r		E 2 7 0 2 7				
		and allowances		537,027. 439,121.				
		Less: cost of goods sold			97,906.	97,906.		
ŀ		Net income or (loss) from sales				31,300.		
-	11 ~	Miscellaneous Revenue MISCELLANEOUS	!	Business Code 611710	219.	219.		
	ıı a				217.	217		
	C							
		All other revenue						
		• Total. Add lines 11a-11d			219.			
	12	Total revenue. See instructions.			5,194,664.	4,719,589.	0.	131,775.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	455 000	455 000		
	individuals. See Part IV, line 22	477,309.	477,309.		
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,	224 265	000 540	40 406	E 100
	trustees, and key employees	294,367.	238,748.	48,436.	7,183
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	Other salaries and wages	2,475,169.	2,007,493.	407,276.	60,400
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	308,238.	249,997.	50,719.	7,522 5,122
10	Payroll taxes	209,893.	170,234.	34,537.	$5,12\overline{2}$
11	Fees for services (non-employees):				
а	Management				
b	Legal	8,420.		8,420.	
С	Accounting	18,403.		18,403.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	100,489.	36,178.	64,311.	
12	Advertising and promotion	10,780.		10,780.	
13	Office expenses	196,542.	132,489.	64,053.	
14	Information technology				
15	Royalties				
16	Occupancy	470,572.	349,212.	121,360.	
17	Travel	8,257.	8,257.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	14,522.	10,165.	4,357.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	154,457.	123,566.	30,891.	
23	Insurance	99,778.	23,942.	75,836.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	FIELD TRIPS AND CLASSRO	177,614.	177,614.		
b	EDUCATIONAL SUPPORT & D	44,507.			44,507
С	MEMBERSHIP DUES	30,502.		30,502.	
d	MISCELLANEOUS	23,984.		23,984.	
e	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	5,123,803.	4,005,204.	993,865.	124,734
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)				
					Earm 990 (201

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	516,581.	1	569,871
2	Savings and temporary cash investments	202,123.	2	202,389
3	Pledges and grants receivable, net	37,194.	3	794
4	Accounts receivable, net	76,898.	4	42,707
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
:	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	73,242.	8	64,608
9	Prepaid expenses and deferred charges	1,636.	9	8,098
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 6,219,725.			
b	Less: accumulated depreciation 10b 1,134,545.	5,192,757.	10c	5,085,18
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	85,947.	15	122,17
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,186,378.	16	6,095,81
17	Accounts payable and accrued expenses	97,755.	17	74,57
18	Grants payable		18	
19	Deferred revenue	479,866.	19	459,61
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
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		22	
23	Secured mortgages and notes payable to unrelated third parties	4,003,775.	23	3,885,86
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	45.054		4.5.05
	Schedule D	17,051.	_	16,96
26	Total liabilities. Add lines 17 through 25	4,598,447.	26	4,437,02
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.	1 204 042		4 545 04
27	Unrestricted net assets	1,394,843.	27	1,515,84
28	Temporarily restricted net assets	193,088.	28	142,94
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	1 505 001	32	4 650 50
30 31 32 33	Total net assets or fund balances	1,587,931.	33	1,658,79
34	Total liabilities and net assets/fund balances	6,186,378.	34	6,095,81

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			- 4					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,1					
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,1		303. 361.			
3								
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							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		20	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	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 Si	ngle Audit						
	Act and OMB Circular A-133?	-	3a		Х			
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
	<u> </u>			n 990	(2017)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. ASSOCIATION FOR WALDORF EDUCATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

IN SAN DIEGO 95-3641387 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Section A. Public Support							
membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf furnished by a governmental unit to the organization without charge through 3 to the organization without charge through 3 to the organization without charge through 3 to the organization of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. 8 Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from similar sources. 9 Net income from through 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines? through 10 Cross receipts from related activities, etc. (see instructions) 12 Trest five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage	 al							
include any "unusual grants.") 2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 26 of the amount shown on line 11, column (f) 6 Public support. Submactine 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assesses (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage								
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract time 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage								
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								
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organization, check this box and stop here Section C. Computation of Public Support Percentage								
Section C. Computation of Public Support Percentage								
	· <u> </u>							
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))								
	<u>%</u>							
15 Public support percentage from 2016 Schedule A, Part II, line 14	<u>%</u>							
6a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
and stop here. The organization qualifies as a publicly supported organization	٠							
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	·							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(2) 2311	(6) 2515	(4) 2010	(6) 2317	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1			_	
	ndar year (or fiscal year beginning in) ► 🛚	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	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						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) 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 vear as a secti	on 501(c)(3) organi:	zation
•	ala a ali Alafa la avi a a al alta a la avia	· ·	,		•		· .
Sec	etion C. Computation of Public						
	Public support percentage for 2017 (lir			column (f))		15	%
	Public support percentage from 2016					16	
	etion D. Computation of Inves					1 10 1	70
	· · · · · · · · · · · · · · · · · · ·					17	%
	Investment income percentage for 201 Investment income percentage from 2					18	
18							
198	33 1/3% support tests - 2017. If the compare then 22 1/2%, shock this box an	-					
J.	more than 33 1/3%, check this box an						
0	33 1/3% support tests - 2016. If the c	· ·			·	•	
00	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	i did not check a	pox on line 14, 19	ıa. or 19b. check t	nis box and see ii	istructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
16		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
461		
10b m 990 or 99	00 EZ	.0047

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		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			
	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 instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	í –	
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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		6.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Orgai	nizations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions				
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.		
Section A - Adjusted Net Income (A) Prior Year (B) Current Y (optional)					
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see	

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017 IN SAN DIEGO

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti		Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017				
а					
b	b From 2013				
С	c From 2014				
d	d From 2015				
е	e From 2016				
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
		ed to underdistributions of prior years			
		ed to 2017 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2017, if			
	-	Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				
	Part \				
7		ss distributions carryover to 2018. Add lines 3j			
	and 4				
8		down of line 7:			
		ss from 2013			
		ss from 2014			
		ss from 2015			
		ss from 2016			
е	Exces	ss from 2017			

Schedule A (Form 990 or 990-EZ) 2017

ASSOCIATION FOR WALDORF EDUCATION

Schedule A	(Form 990 or 990-EZ) 2017 IN SAN DIEGO	95-3641387 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,

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

OMB No. 1545-0047

2017

Name of the organization
ASSOCIATION FOR WALDORF EDUCATION
IN SAN DIEGO

Employer identification number

95-3641387

Organization type (check one):						
Filers of	f:	Section:				
Form 99	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 99	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				
Note: O	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during 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; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne 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) (2017)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spa	ce is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	<u> </u>	Total contributions	Type of contribution
1		\$_	37,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	35,000.	Person X Payroll
(a) No.	(b)		(c) Total contributions	(d)
3	Name, address, and ZIP + 4	\$_	70,796.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 4	Name, address, and ZIP + 4	\$_	Total contributions 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	17,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6	Name, audi 635, and Zir T T	\$_	13,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 29,489	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,800	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, audi ess, and Zir + 4	\$ 20,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,100	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$6,200.	Person X 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.)
(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.)
(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

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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. 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
		\$	

Name of organization ASSOCIATION FOR WALDORF EDUCATION

Employer identification number

IN SAM	N DIEGO			95-3641387	
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described	in section 501(c)(7), (8), or	(10) that total more than \$1,000 for	
	completing Part III, enter the total of exclusively religiou	is, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once	\$	
(a) No.	Use duplicate copies of Part III if addition	ial space is needed. T			
from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
Part I					
		(e) Transfer of gif	t		
		17ID 4	5.1.11.11.11		
-	Transferee's name, address, a	na ZIP + 4	Relationship of trai	nsferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
Part I					
			 		
_					
		(e) Transfer of gif	t		
	Transferee's name, address, a	nd 7IP ± 4	Relationship of transferor to transferee		
_	Transferee 3 name, address, a	III ZIF T T	Helationship of trai	isier or to transferee	
(a) No		<u> </u>			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
- 1 4111					
-		(a) Turn stay of site			
		(e) Transfer of gif	τ		
	Transferee's name, address, a	nd ZIP + 4	Relationship of trai	nsferor to transferee	
			•		
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
-		(e) Transfer of gif	 1		
		(o) Transier of gir	•		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
Γ					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ASSOCIATION FOR WALDORF EDUCATION TN SAN DIEGO

Employer identification number 95-3641387

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Account	S.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(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		ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically importar	nt land area
	Protection of natural habitat	Preservation of a certif	ied historic str	ucture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	of a conservation	on easement on the last
	day of the tax year.		He	eld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			uring the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easem	ents during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements	during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and	l balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organizatior	n's accounting for
	conservation easements.	(4) 10) 17		
Pai		•	ner Similar	Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	· · · · · · · · · · · · · · · · · · ·	ce of public se	rvice, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, pro	vide 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 tre	,	gaın, provide	
	the following amounts required to be reported under SFAS 1		. .	
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		🗲 💲	

732051 10-09-17

Schedule D (Form 990) 2017

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

Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	or Other	Similar A	ssets(cont	tinued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a sig	nificant use o	f its collecti	on items
	(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 explai	n how th	ney further t	he organizati	on's exem	pt purpose in	Part XIII.	
5									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par		•	ete if the	organizatio	on answered	"Yes" on F	orm 990, Par	t IV, line 9, d	or
	reported an amount on Form 990, Pai								
1a	Is the organization an agent, trustee, custodi		-						
	on Form 990, Part X?							· L Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					
								Amou	nt
	Beginning balance								
	Additions during the year								
е	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on Fe						y?	Yes	├ No
	If "Yes," explain the arrangement in Part XIII.								Ш
Par	t V Endowment Funds. Complete i				1	1			
		(a) Current year	(b) P	rior year	(c) Iwo year	rs back (c	d) Three years b	ack (e) For	ur years back
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr		ce (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for the	e organization		
	by:								Yes No
	(i) unrelated organizations								1 1
	(ii) related organizations)
	If "Yes" on line 3a(ii), are the related organiza							3b	
Bo:	Describe in Part XIII the intended uses of the		owment	funds.					
Pai	t VI Land, Buildings, and Equipm		0 D-+ 1	/ Barada /	D F 000	D-47 !			
	Complete if the organization answere	1		ı				() D	
	Description of property	(a) Cost or o			t or other		cumulated	(a) Bo	ok value
	Land	basis (investr	nent)		(other)	uepr	eciation	1 55	3,796.
	Land				0,301.	Q	30,020.		30,790.
	Buildings			4,30	, , , , , , , , , , , , , , , , , , ,	9	JU,U <u>ZU.</u>	3,43	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Leasehold improvements			1	5,393.		24,245.	 	21,148.
	Equipment				0,235.		80,280.		79,955 .
	Other		V ==1:				<u> </u>		35,180.
rotal	. Add lines 1a through 1e. (Column (d) must e	yuai roiiii 990, Part	∧, colur	יייו (ם), ווחפ	ı uc.)		🖊	, 5,00	,

	FOR WALDORF	EDUCATION	05 0644005	
Schedule D (Form 990) 2017 IN SAN DIEG	} O		95-3641387	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes'				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market v	value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				,
(H)				,
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	•	•		
Complete if the organization answered "Yes'	on Form 990, Part IV. line	11d. See Form 990, Part X. line 15.		
	Description	, ,	(b) Book va	عاداه

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED LIABILITIES	16,967.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,967.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

	ASSOCIATION FOR WALDORF E	DUCATIO	N	0 E	3641387 Page
	dule D (Form 990) 2017 IN SAN DIEGO TXI Reconciliation of Revenue per Audited Financial Staten	nante With	Devenue per l		
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		nevenue per r	\Cturr	1.
1				1 1	5,198,129
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			'	3,130,123
a	Net unrealized gains (losses) on investments	2a			
a b	Donated services and use of facilities		1,352		
C	Recoveries of prior year grants		1,002	4	
d			479,422		
u e				2e	480,774
3	Add lines 2a through 2d Subtract line 2e from line 1			3	4,717,355
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	··· — —	477,309		
C	Add lines 4a and 4b			4c	477,309
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>)				5,194,664
_	t XII Reconciliation of Expenses per Audited Financial State				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1 1	5,127,268
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,352		
b	Prior year adjustments	···· 	·		
С	Other losses				
d	Other (Describe in Part XIII.)		479,422	.	
е	Add lines 2a through 2d	•	-	2e	480,774
3	Subtract line 2e from line 1			3	4,646,494
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	4a			
b	Other (Describe in Part XIII.)	···	477,309	-	
С	Add lines 4a and 4b	•		4c	477,309
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,123,803
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE SCHOOL HAS ADPOTED THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION ("ASC") 740-10-05 RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE SCHOOL, THESE PROVISIONS COULD BE APPLICABLE TO INCURRANCE OF ANY UNRELATED BUSINESS INCOME ATTRIBUTABLE TO THE SCHOOL. BECAUSE OF THE SCHOOL'S GENERAL TAX-EXEMPT STATUS, ASC 740-10-05 IS NOT ANTICIPATED TO HAVE A MATERIAL IMPACT ON THE SCHOOL'S FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES

40,301.

COST OF GOODS SOLD

439,121.

Schedule D (Form 990) 2017 IN SAN DIEGO	95-3641387 Page 5
Part XIII Supplemental Information (continued)	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	479,422.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS AND ASSISTANCE	477,309.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSES	40,301.
COST OF GOODS SOLD	439,121.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	479,422.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS AND ASSISTANCE	477,309.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ASSOCIATION FOR WALDORF EDUCATION IN SAN DIEGO

Part I

Employer identification number 95-3641387

1				
			YES	NO
	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	Х	
	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	Х	
	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 THE SCHOOL PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY	3	Х	
	THE SCHOOL PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY			
	THROUGH THE USE OF ITS SCHOOL WEBSITE.			
	Does the organization maintain the following?		v	
	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	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	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:	52		X
а	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		X
a b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5b		Х
a b c	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		X
a b c d	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		X
a b c d	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		X X X
b d e f	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		X X X
a b c d e f g	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		X X X X
a b c d e f	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		X X X X X
a b c d e f g	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 5g		\frac{\frac}}}}}}}}{\frac}}}}}}}}{\frac}}}}}}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
a b c d e f g h	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		X X X X X
a b c d e f g h	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		X X X X X
a b c d e f g h	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? 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		X X X X X
a b c d e f g h	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		\(\frac{\frac}\frac{\frac}\f{\frac{\frac{\frac{\frac{\fracc}\frac{\frac{\frac{\frac{\f{

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

Schedule E (Form 990 or 990-EZ) 2017

ASSOCIATION FOR WALDORF EDUCATION

Schedule E	(Form 990 or 990-EZ) 2017 IN SAN DIEGO	95-3641387 Page 2
Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7	, as applicable.
	Also provide any other additional information.	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

ASSOCIATION FOR WALDORF EDUCATION

OMB No. 1545-0047

201/

Open to Public Inspection

Employer identification number

IN SAN DIEGO 95-3641387 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity 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.

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

Schedule G (Form 990 or 990-EZ) 2017

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	0-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					_	(add col. (a) through
			GALA EVENT	WINTER FAIRE	1	col. (c))
Φ			(event type)	(event type)	(total number)	35(5)/
Revenue			100 540	04 505	4 504	405 000
Rev	1	Gross receipts	109,549.	21,505.	4,784.	135,838.
_						
	2	Less: Contributions				
	_	0	109,549.	21,505.	4,784.	135,838.
	3	Gross income (line 1 minus line 2)	109,349.	21,303.	4,704.	133,030.
	4	Cash prizes				
	-	Odon prizes				
	5	Noncash prizes				
ses	-					
ens	6	Rent/facility costs	4,114.			4,114.
Direct Expenses						
ect	7	Food and beverages	8,670.			8,670.
ä						
	8	Entertainment	0 105	11 147	F 065	05 515
	9	Other direct expenses	9,105.		7,265.	27,517. 40,301.
	10	· · · · · · · · · · · · · · · ·			_	95,537.
Pa	ırt l	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization		990 Part IV line 19 or		33,337.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000,1 art 10, mic 10, or	reported more than	
		\$ 10,000 cm cm coc, cc.	() 5:	(b) Pull tabs/instant	() 011	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses						
Εχρ	3	Noncash prizes				
ģ	١,	Double of the control				
Ë	4	Rent/facility costs				
	5	Other direct expenses				
	۲	сина апсек охранова	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_	_					
		ter the state(s) in which the organization cond	· · · · -			
		the organization licensed to conduct gaming a				Yes No
b) IT "	No," explain:				
	_					
10=	We	ere any of the organization's gaming licenses re	evoked suspended or to	erminated during the tax	vear?	Yes No
		Yes," explain:		_	•	
~		, 1				

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

ASSOCIATION FOR WALDORF EDUCATION

Schedule G (Form 990 or 990-EZ) 2017 IN S	SAN DIEGO			95-3641387 Page 3
11 Does the organization conduct gaming act		s?		
12 Is the organization a grantor, beneficiary or				
to administer charitable gaming?				Yes No
13 Indicate the percentage of gaming activity				
a The organization's facility				13a %
b An outside facility				
14 Enter the name and address of the person				
Name ►				
Address				
15a Does the organization have a contract with	a third party from who	n the organization red	ceives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming reven	ue received by the orga	nization > \$	and the ame	ount
of gaming revenue retained by the third pa				
c If "Yes," enter name and address of the thi				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ►				
Gaming manager compensation > \$				
Description of convices provided				
Description of services provided				
Director/officer Em	ployee	Independent contra	ctor	
17 Mandatory distributions:				
a Is the organization required under state law	v to make charitable dis	tributions from the ga	aming proceeds to	
				Yes No
b Enter the amount of distributions required				
organization's own exempt activities during	the tax year 🕨 \$			
Part IV Supplemental Information. Provi	ide the explanations red	uired by Part I, line 2	b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. A	Also provide any additio	nal information. See in	nstructions.	

ASSOCIATION FOR WALDORF EDUCATION

Schedule G (Form 990 or 990-EZ) IN SAN DIEGO	95-3641387 Page 4
Schedule G (Form 990 or 990-EZ) IN SAN DIEGO Part IV Supplemental Information (continued)	-
<u> </u>	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

ASSOCIATION FOR WALDORF EDUCATION

OMB No. 1545-0047

2017

Open to Public

Inspection
Employer identification number

IN SAN DI	EGO						95-3641387
Part I General Information on Grants a	ınd Assistance					·	
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	e grantees' eligibilit	ty for the grants or as	sistance, and the select	ion
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of gran	t funds in the Unite	ed States.			
Part II Grants and Other Assistance to	Domestic Organi	izations and Domest	ic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is nee	ded.			
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 noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization			he line 1 table			· · · · · · · · · · · · · · · · · · ·	>

95-3641387

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION ASSISTANCE	0	477,309.	. 0.	BOOK-COST OF TUITION	
		·			
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
FINANCIAL AID IS BASED ON NEED. A	TUITION	MANAGEMENT	COMPANY C	OLLECTS	
INFORMATION FROM THE FAMILIES SEEP	KING TUIT	ION ASSIST	ANCE AND C	OMPILES	
FINANCIAL REPORTS. A TUITION ASSIST	STANCE CO	MMITTEE TH	HEN REVIEWS	THE REPORTS	
AND DETERMINES AWARDS.					

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

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 11B: 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:

FORM 990, PART XII, LINE 2C:

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

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

AVAILABLE UPON REQUEST

Sched	ule O (Form 99	90 or 99	0-EZ) (20	117)				Page 2
Schedule O (Form 990 or 990-EZ) (2017) Name of the organization ASSOCIATION FOR WALDORF EDUCATION IN SAN DIEGO					Employer identification number 95-3641387			
THE	SCHOOL	HAS	NOT	CHANGED	ITS	OVERSIGHT	PROCESS.	