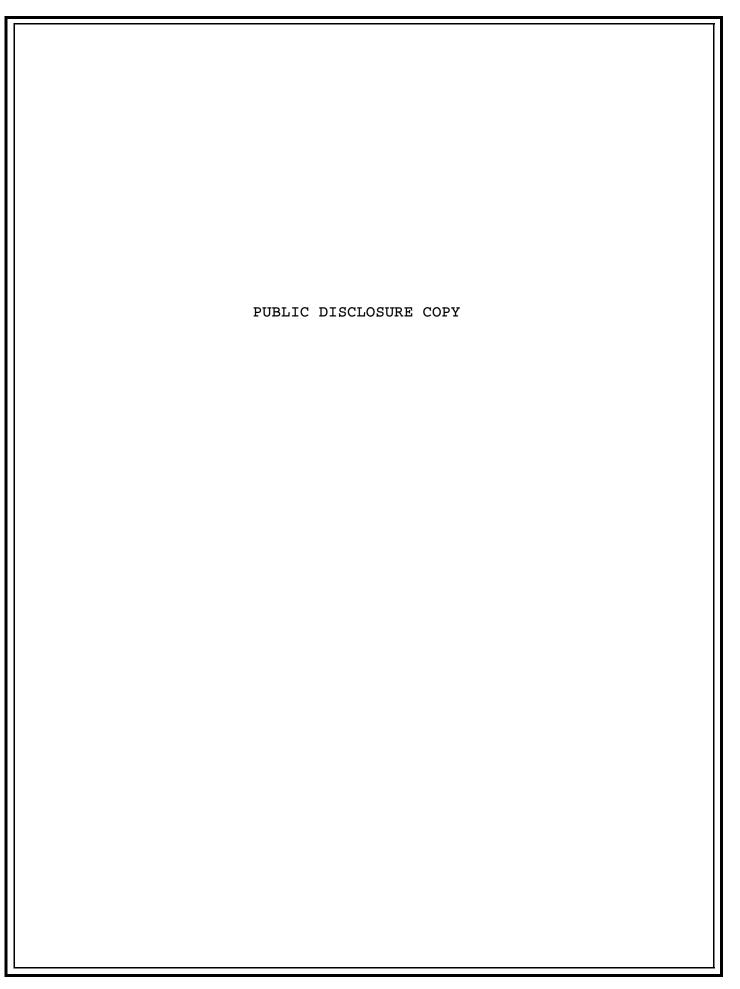
ASSOCIATION FOR WALDORF EDUCATION IN SAN DIEGO 3547 ALTADENA AVENUE SAN DIEGO, CA 92105

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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Form	887	'9-	EO)
Form		•	_	

Department of the Treasury

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

		U		
lendar year 2018, or fiscal year beginning	<u>JUL 1</u>	, 2018, and ending	<u>JUN 30</u>	, 20 <u>19</u>

Do not send to the IRS. Keep for your records.

95-3641387

Internal Revenue Service Name of exempt organizatio Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

ASSOCIATION FOR WALDORF EDUCATION

For ca

IN SAN DIEGO Name and title of officer RACHEL DAVIS

ADMINISTRATOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	5,807,416.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X authorize MACIAS GINI & O'CONNELL LLP	to enter my PIN	95364
ERO firm name		Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated withir is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature ► Date ►		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 6860599000 Do not enter all zer		
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for t confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (N <i>e-file</i> Providers for Business Returns.	•	
ERO's signature MACIAS GINI & O'CONNELL LLP Date Date		
ERO Must Retain This Form - See Instructions		
Do Not Submit This Form to the IRS Unless Requested To D	o So	
LHA For Paperwork Reduction Act Notice, see instructions.	For	m 8879-EO (2018)
823051 10-26-18		

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			EXTENSION GRANTED TO 7/15/2	20		
	0	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047	
Forr	Torm 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2018					
Department of the Treasury Do not enter social security numbers on this form as it may be made public.					Open to Public	
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
AF	or th	e 2018 calend	ar year, or tax year beginning $ m JUL1$, 2018 and ending	<u>JUN 30, 2019</u>		
B c a	heck if oplicab			D Employer identifica	tion number	
	Addre		CIATION FOR WALDORF EDUCATION			
]chang ∃Name		AN DIEGO	05.26	41207	
]chang Initial ך		usiness as	95-36	4130/	
]return]Final		and street (or P.O. box if mail is not delivered to street address) Room/s ALTADENA AVENUE		87-3054	
	Ireturn termin			G Gross receipts \$	6,200,374.	
	ated Amen		own, state or province, country, and ZIP or foreign postal code DIEGO, CA 92105	H(a) Is this a group retu	· · · · · · · · · · · · · · · · · · ·	
	_return]Applio		nd address of principal officer: RACHEL DAVIS	for subordinates?		
	_tion pendi		AS C ABOVE	H(b) Are all subordinates inclu		
<u>і</u> т	ax-ex	empt status:			t. (see instructions)	
			://WWW.WALDORFSANDIEGO.ORG/	H(c) Group exemption r		
				Year of formation: 1981 M		
	rt I	Summary				
	1	Briefly describ	e the organization's mission or most significant activities: MAKE WAL	DORF EDUCATION	AVAILABLE	
JCe			CHILDREN IN THE SAN DIEGO AREA.			
'nar	2	Check this bo	x x if the organization discontinued its operations or disposed of m	nore than 25% of its net asset	S.	
Iovel	3	Number of vo	ting members of the governing body (Part VI, line 1a)	3	9	
ğ	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)	4	<u> </u>	
8 S	5	Total number	tal number of individuals employed in calendar year 2018 (Part V, line 2a)5			
vitie	6	Total number	of volunteers (estimate if necessary)	6	0	
Activities & Governance	7 a Total unrelate		d business revenue from Part VIII, column (C), line 12		0.	
_	b	Net unrelated	business taxable income from Form 990-T, line 38		0.	
				Prior Year	Current Year	
е	8		and grants (Part VIII, line 1h)	343,300.	368,380.	
Revenue	9		ce revenue (Part VIII, line 2g)	4,621,464.	5,159,500.	
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)	268.	501.	
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	229,632.	279,035.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,194,664.	5,807,416.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	477,309.	1,074,401.	
	14		to or for members (Part IX, column (A), line 4)	3,287,667.	3,476,904.	
Expenses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
en:			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► <u>36,623.</u>			
Ĕ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,358,827.	1,379,867.	
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,123,803.	5,931,172.	
	19		expenses. Subtract line 18 from line 12	70,861.	-123,756.	
or				Beginning of Current Year	End of Year	
et Assets or ad Balances	20	Total assets (F	Part X, line 16)	6,095,817.	5,785,051.	
Ass I Ba	21		s (Part X, line 26)	4,437,025.	4,299,009.	
Fund			fund balances. Subtract line 21 from line 20	1,658,792.	1,486,042.	
Pa	rt II	Signature	e Block			
Unde	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my ki	nowledge and belief, it is	
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.		
Siar		Signatur	e of officer	Date		

945							
766							
3373							
May the IRS discuss this return with the preparer shown above? (see instructions)							
832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)							

	ASSOCIATION FOR WALDORF EDUCATION	
	990 (2018) IN SAN DIEGO 95-3641387	Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	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, ANI	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the	<u> </u>
2		s X No
	prior Form 990 or 990-EZ?	
3		s X No
-	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	6.
	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
	revenue, if any, for each program service reported.	
4a		
	K-12 EDUCATION. WALDORF SCHOOLS OFFER A DEVELOPMENTALLY APPROPRIATE	
	EXPERINTIAL APPROACH TO EDUCATION. THEY INTEGRATE THE ARTS AND	
	ACADEMICS FOR CHILDREN FROM PRESCHOOL THROUGH TWELFTH GRADE. THE AIN THE EDUCATION IS TO INSPIRE LIFE-LONG LEARNING IN EACH STUDENT AND	1 OF
	ENABLE THEM TO FULLY DEVELOP THEIR UNIQUE CAPACITIES. FOUNDED IN	
	GERMANY IN THE EARLY 20TH CENTURY, WALDORF EDUCATION IS AN INDEPENDE	
	AND INCLUSIVE FORM OF EDUCATION BASED ON THE INSIGHTS AND TEACHING (
	RENOWNED ANTROPOSOPHIST, ARTIST, AND SCIENTIST, RUDOLF STEINER.	
	EVOLVING FROM A PROFOUND UNDERSTANDING OF THE HUMAN SPIRIT AND HUMAN	1
	DEVELOPMENT, WALDORF EDUCATION IS REGIONALLY ADAPTIVE AND HAS GROWN	
	INCLUDE HUNDREDS OF SCHOOLS WORLDWIDE. AN AVERAGE OF 280 STUDENTS WE	
	ENROLLED FOR 2018/2019 SCHOOL YEAR.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 4,965,428.	
4e		990 (2018)
832002	POrm 2 12-31-18	(2018)

Form 990 (2018) IN SAN DIEGO Part IV Checklist of Required Schedules

IN SAN DIEGO

95-3641387 Page	e 3
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			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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
832003	12-31-18	Form	990	(2018)

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Form	1990 (2018) IN SAN DIEGO 95-3641	387	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai	t 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
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34	-		
		-		
с			37	
	(gambling) winnings to prize winners?	1c		(0015)
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2018.06010 ASSOCIATION FOR WALDORF E WLADORF1

7

IN SAN DIEGO

Form 990 (2018)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 107			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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.	0.5		
a ⊾	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
	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 10a	-		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1			
5	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

832005 12-31-18

Form 990 (2018) IN SAN DIEGO

074

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

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

		Yes	No
Enter the number of voting members of the governing body at the end of the tax year	9		
	9		
	2		X
	3		X
			Х
			x
			x
•			
	7a		x
	7b		x
	8a	х	
	9		x
on B. Policies (This Section B requests information about policion not required by the Internal Devenue Code)			
(This Section & requests information about policies not required by the internal Revenue Code.)	1	Yee	No
Did the organization have local chanters, branches, or affiliates?	10-	162	X
			- 11
	104		
• • • • • • • • • • • • • • • • • • • •		x	
	11a	Λ	
	40.	v	
	12b	~	<u> </u>
		v	
			<u> </u>
	. 14	Х	
	<u>15a</u>		<u> </u>
	15b	Х	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			-
, , ,	16a		X
n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	16b		
on C. Disclosure			
List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$			
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	ole
for public inspection. Indicate how you made these available. Check all that apply.			
Own website Another's website X Upon request Other (explain in Schedule O)			
	nd financ	ial	
		990	(2018
12-31-18	Form	330	
12-31-18 9	FOLL	550	(2010
	It there are material differences in voting rights among members of the governing body, or if the governing body delegand broad automly to an executive committee or similar committee, explain in Schedule 0. It	It there are material differences in voting rights among members of the governing body, or if the governing body degreed and authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line it a, above, who are independent in Schedule 0. Enter the number of voting members included in line it a, above, who are independent in Schedule 0. Enter the number of voting members included in line it a, above, who are independent in Schedule 0. Enter the number of voting members included in line it a, above, who are independent in Schedule 0. Enter the number of voting members included in line it a, above, who are independent in Schedule 0. Enter the number of voting members included in line to a management duties customarily performed by or under the direct supervision of officers, director, rotustes, or key employees to an anagement company or other person? Bid the organization have members, stockholders? Bid the organization have members, stockholders? Bid the organization have members, stockholders? Bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or reasons other that the governing body? Bid the organization contemporaneously document the meetings hald or written actions undutaked during the year by the following: The governing body? Bid the organization contemporaneously document the meetings hald or written actions undutaked during the year by the following: The governing body? Bid the organization make any officer, director, trustee, or key employees listed in Part VII, Section A, who cannot be reached at the organization's maing and dense? If "yes, "rowdych at means and address in schendule 0. Bid the organization have written policies and provening bod verters of such conflictes? Bid the organization have written policies and provening bod verters of such conflictes? Bid the organization have written policies and provening bod verters of such conflictes? Bid the organization have written	Enter the number of voting members of the governing body at the end of the tax year If the are natival differences is voltage in the members of the governing body, at the governing body of the governing to the number of voting members included in line 1a, above, who are independent If the are natival independent of the cycle yendpoles have a tamily relationship or a business relationship with any other If officer, director, trustee, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? If the organization have members of the governing documents since the prior Form 900 was filed? If the organization have members, stockholders, or other person? If the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? If the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? If the organization contemportaneously document the meetings held or written actions undertaken during the year by the following: The governing body? If the organization contemportaneously document the meetings held or written actions undertaken during the year by the following: The governing body? If the organization have members, the end of the governing body? If the organization have members, the end of the governing body? If the organization have members, the end of the governing body? If the organization have members, the end of the organization second and diresses and schedule 0. If the organization have written policies and procedures governing the activities of such chapters, affiliates, and tharses of the governing body before filing the form? If the organization have written policies and procedures governing the activities of such chapters, affiliates, and tharses and the organization is acomplete policy? If the organization have written

Form 990 (2018)	IN SAN DIEGO	95-3641387	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if S	Schedule O contains a response or note to any line in this Part	VII								
Section A. Officers	, Directors, Trustees, Key Employees, and Highest Compe	nsated 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 report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

ASSOCIATION FOR WALDORF EDUCATION

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	NOURS PER box, unless person is both an officer and a director/fructee)				than o	one	Reportable	Reportable	Estimated
	week					s both r/trus	i an tee)	compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	36			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	truste		ee	bens		(W-2/1099-MISC)		organization and related
	below	dual tr	ıtional		nploy	st con yee	-			organizations
	line)	Individ	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			ergan inzanerie
(1) KATHERINE GIGLIO	40.00									
TEACHER/BOARD MEMBER		Х						63,230.	0.	6,578.
(2) BRANDON ISELIN-BRADLEY	2.00									
SECRETARY		Х		Х				0.	0.	0.
(3) PATRICK GODDARD	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) DOMINICK ARENA	2.00									
CO-CHAIR		Х		х				0.	0.	0.
(5) RACHEL DAVIS	40.00									~ ~ ~ ~ ~
ADMINISTRATOR/BOARD MEMBER	40.00	X		X				78,371.	0.	20,200.
(6) MARY CARMICHAEL	40.00									0 805
TEACHER/BOARD MEMBER	0.00	Х						66,366.	0.	9,785.
(7) JESSICA KRAUS	2.00	37							0	0
BOARD MEMBER (8) ERIC MITCHELL	5.00	Х						0.	0.	0.
TREASURER	5.00	х		x				0.	0.	0.
(9) MICAH PARZEN	2.00	Λ		^				0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0.
		~							0.	
										– – – – – – – – – –

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Form 990 (2018)

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10 2018.06010 ASSOCIATION FOR WALDORF E WLADORF1

		WA	LD	OR	F	ED	UC	CATION	95-3	611	297	р	age 8
		alov	665	and	Hid	ahea	st C	ompensated Employee		041.	507	F	aye U
(A) Name and title	(B) Average hours per week	(do box	not c , unle:	(C Posi heck i ss per	C) ition more rson is) than s boti	one n an	(D) Reportable compensation	(E) Reportable compensatio	on	am	ount	of
	(list any hours for 분		In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations		comp fro orga and	oensa om th anizat I relat	ation e tion ted
Total from continuation sheets to Part VII	, Section A							0.		0.			0.
Total number of individuals (including but no							► o re		000 of reportable	-		, , ,	03.
	director, or tru	ustee	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on			Yes	No
For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X
Did any person listed on line 1a receive or a	ccrue comper	Isati	on fr	om	any	unre	elate	ed organization or individ	dual for services				X X
			5/ 30		0013	UII -							
										pensat	ion fro	m	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С			n
	•	ot lin	niteo	d to f			ted	above) who received mo	ore than				
	1990 (2018) IN SAN DI tt VII Section A. Officers, Directors, Trust (A) Name and title Name and title Sub-total Total from continuation sheets to Part VII Total number of individuals (including but no compensation from the organization) Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organization seater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organization. Report compensation for the organization. Report compensation for text (A) Name and business	1990 (2018) IN SAN DIEGO It VII Section A. Officers, Directors, Trustees, Key Emp (A) (B) Name and title Average hours per week (list any hours for related organizations below line) Average hours or related organizations below line) Sub-total	1990 (2018) IN SAN DIEGO It VII Section A. Officers, Directors, Trustees, Key Employ (A) (B) Name and title (B) Name and title (B) Name and title (D) Name and title (B) Ours for related (B) Inne (B) Use of the organization is possible (B) Sub-total (B) Sub-total (B) Total from continuation sheets to Part VII, Section A (B) Total from continuation sheets to Part VII, Section A (B) Total number of individuals (including but not limited to those compensation from the organization) (C) Did the organization list any former officer, director, or trustee line 1a? If "Yes," complete Schedule J for such individual (C) Complete this table on line 1a, is the sum of reportable co and related organizations greater than \$150,000? If "Yes," conplete Schedule J for such individual (C) Old any person listed on line 1a, is the sum of reportable co and related organization? If "Yes," complete Schedule J for such ind	1990 (2018) IN SAN DIEGO It VIII Section A. Officers, Directors, Trustees, Key Employees, (A) (B) Name and title Average nours per week (Go not counter organizations) below (Go not counter) organizations) below (Go not counter) organization (Go not	IN SAN DIEGO IN SAN DIEGO IN Section A. Officers, Directors, Trustees, Key Employees, and (a) Name and title Average hours per veck (ist any hours for related) Pos for any former of the device of	1990 (2018) IN SAN DIEGO IN Section A. Officers, Directors, Trustees, Key Employees, and Hi (A) (B) (C) Position Name and title Average hours per index of the comparison of thecomparison of the comparison of the compar	1990 (2018) IN SAN DIEGO Image: Section A. Officers, Directors, Trustees, Key Employees, and Higher (A) (B) Position (D) Name and title Average hours per week (list any hours per week (list any hours for related organizations below the component of the second or the s	1980 (2018) IN SAN DIEGO Image: Social AL Officers, Directors, Trustees, Key Employees, and Highest C (A) (B) Position Name and title (B) (C) Position Week (B) (C) Position (B) (B) (C) Position (C) Position Week (B) (C) Position (C) (C) </td <td>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee (a) (b) Name and title (b) (c) (c) (c) Name and title (b) (c) (c) (c) (c) Week (c) (c) (c) (c) (c) (c) (c) Week (c) (c)<!--</td--><td>1980 2018 IN SAN DIREO 95-3 TMI Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued). (A) (B) Name and title Average moves (continued). (B) <td< td=""><td>1980.0018 IN SAN DIRGO 969-3641 Will Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (C)</td><td>1980 (2018) IN SAN DIEGO 95–5661387 Control of fictors, Directors, Trustes, Key Employee, and Highest Compensatiot Employees. (controluce) (A) Name and title A gen to the intervence intervence</td><td>1980 (2018) IN SAN DIECO 95-361387 P Clip (1) Cores, Trustes, Key Employee, and Highest Compensate Employees, icontance; (A) (B) (C) (D) (P) (P</td></td<></td></td>	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee (a) (b) Name and title (b) (c) (c) (c) Name and title (b) (c) (c) (c) (c) Week (c) (c) (c) (c) (c) (c) (c) Week (c) (c) </td <td>1980 2018 IN SAN DIREO 95-3 TMI Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued). (A) (B) Name and title Average moves (continued). (B) <td< td=""><td>1980.0018 IN SAN DIRGO 969-3641 Will Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (C)</td><td>1980 (2018) IN SAN DIEGO 95–5661387 Control of fictors, Directors, Trustes, Key Employee, and Highest Compensatiot Employees. (controluce) (A) Name and title A gen to the intervence intervence</td><td>1980 (2018) IN SAN DIECO 95-361387 P Clip (1) Cores, Trustes, Key Employee, and Highest Compensate Employees, icontance; (A) (B) (C) (D) (P) (P</td></td<></td>	1980 2018 IN SAN DIREO 95-3 TMI Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued). (A) (B) Name and title Average moves (continued). (B) (B) <td< td=""><td>1980.0018 IN SAN DIRGO 969-3641 Will Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (C)</td><td>1980 (2018) IN SAN DIEGO 95–5661387 Control of fictors, Directors, Trustes, Key Employee, and Highest Compensatiot Employees. (controluce) (A) Name and title A gen to the intervence intervence</td><td>1980 (2018) IN SAN DIECO 95-361387 P Clip (1) Cores, Trustes, Key Employee, and Highest Compensate Employees, icontance; (A) (B) (C) (D) (P) (P</td></td<>	1980.0018 IN SAN DIRGO 969-3641 Will Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (C)	1980 (2018) IN SAN DIEGO 95–5661387 Control of fictors, Directors, Trustes, Key Employee, and Highest Compensatiot Employees. (controluce) (A) Name and title A gen to the intervence	1980 (2018) IN SAN DIECO 95-361387 P Clip (1) Cores, Trustes, Key Employee, and Highest Compensate Employees, icontance; (A) (B) (C) (D) (P) (P

Form **990** (2018)

IN SAN DIEGO

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	τνιι							
		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
						revenue	revenue	sections 512 - 514
ts t	1 a	Federated campaigns	1a					
iran oun	b	Membership dues	1b					
Amo G	с	Fundraising events	1c					
Sift: ar /	d	Related organizations	1d		-			
imil	е	Government grants (contributi	ons) 1e		-			
er S	f	All other contributions, gifts, grant						
j b t h u		similar amounts not included abov	/e 1f	368,380.	-			
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines			260 200			
<u>o</u> ē	h	Total. Add lines 1a-1f			368,380.			
	•	TUITION		Business Code 611710	4,711,305.	1 711 305		
/ice	2 a	SCHOOL FEES		611710		223,790.		
Serv ue		FIELD TRIP REVE	NITE	611710		157,866.		
ven S		EXTENDED CARE		611710	66,539.	66,539.		
Program Service Revenue	e			011/10				
Pro		All other program service reve	nue					
		Total. Add lines 2a-2f			5,159,500.			
	3	Investment income (including						
		other similar amounts)		►	501.			501.
	4	Income from investment of tax	roceeds 🕨					
	5	Royalties		>				
			(i) Real	(ii) Personal	-			
		Gross rents	37,403.		-			
		Less: rental expenses	0.		-			
		Rental income or (loss)	· · · · ·		37,403.			37,403.
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other	57,405.			57,405.
	<i>i</i> a	assets other than inventory			-			
	b	Less: cost or other basis						
	-	and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		►				
Ð		Gross income from fundraising						
nue		including \$	of					
leve		contributions reported on line						
Other Revenue		Part IV, line 18		170,657.	-			
f		Less: direct expenses		50,598.	120 050			100 050
		Net income or (loss) from fund	•	····· ►	120,059.			120,059.
	9 a	Gross income from gaming ac						
	ь	Part IV, line 19 Less: direct expenses			-			
		Net income or (loss) from gam		►				
		Gross sales of inventory, less	-					
		and allowances		463,675.				
	b	Less: cost of goods sold		342,360.]			
	с	Net income or (loss) from sales	s of inventory		121,315.	121,315.		
		Miscellaneous Revenue	е	Business Code				
	11 a	MISCELLANEOUS		611710	258.	258.		
	b							
	С							
		All other revenue			250			
		Total. Add lines 11a-11d			258. 5,807,416.	5 281 072	0.	157,963.
832009	12	Total revenue. See instructions		····· 🕨	D,007,410.	5,201,073.	0.	Form 990 (2018)

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ASSOCIATION FOR WALDORF EDUCATION IN SAN DIEGO

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

Secu	on 501(c)(3) and 501(c)(4) organizations must comp			ipiele column (A).	
	Check if Schedule O contains a respon	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
•	Grants and other assistance to domestic				
2		1,074,401.	1,074,401.		
•	individuals. See Part IV, line 22	1,0/4,401.	1,0/4,401.		
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,	207 067	171 002	24 204	1 700
	trustees, and key employees	207,967.	171,803.	34,384.	1,780.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 (72 002	0 000 100	4.41 0.20	
7	Other salaries and wages	2,673,023.	2,208,196.	441,939.	22,888.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	250 010	000 007	F0 001	2 004
9	Other employee benefits	350,812.	289,807.	58,001.	3,004. 2,099.
10	Payroll taxes	245,102.	202,480.	40,523.	2,099.
11	Fees for services (non-employees):				
а	Management				
	Legal	1 - 440		1	
	Accounting	17,448.		17,448.	
	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,	01 000	16 650	25 240	
	column (A) amount, list line 11g expenses on Sch 0.)	81,998. 9,134.	46,658.	<u>35,340.</u> 9,134.	
12	Advertising and promotion		120.001	9,134.	
13	Office expenses	176,050.	130,891.	45,159.	
14	Information technology				
15	Royalties	407 410	210 100	100.000	
16	Occupancy	427,418.	318,190.	109,228.	
17	Travel	8,234.	8,234.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	C 101	4 401	1 000	
20	Interest	6,401.	4,481.	1,920.	
21	Payments to affiliates	150 160	100 100	20.024	
22	Depreciation, depletion, and amortization	150,169.	120,135.	30,034.	
23	Insurance	278,391.	212,865.	65,526.	
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.)	177 007	177 007		
a	FIELD TRIPS AND CLASSRO	177,287.	177,287.	22 071	
b	MEMBERSHIP DUES	33,071.		33,071.	
С	MISCELLANEOUS	7,414.		7,414.	
d	EDUCATIONAL SUPPORT & D	6,852.			6,852.
	All other expenses	E 021 170	1 OFE 100	020 121	26 622
25	Total functional expenses. Add lines 1 through 24e	5,931,172.	4,965,428.	929,121.	36,623.
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)				- 000 (0010)

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Form 990 (2018)

Part IX Statement of Functional Expenses

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Form 990 (2018)

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2019

Prepared For:

ASSOCIATION FOR WALDORF EDUCATION IN SAN DIEGO 3547 ALTADENA AVENUE SAN DIEGO, CA 92105

Prepared By:

Macias Gini & O'Connell LLP 2029 Century Park East Ste 1500 Los Angeles, CA 90067-2935

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us as soon as possible.

ASS	SOCIA	ATION	FOR	WALDORF	EDUCATION
IN	SAN	DIEGO)		

	990 (2	ASSOCIATION FOR WALDORF EDUCATI 2018) IN SAN DIEGO	ON	95-	3641387 Page 11
Par	rt 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	569,871.	1	218,418.
	2	Savings and temporary cash investments	202,389.		145,869.
	3	Pledges and grants receivable, net	794.		110,000
	4	Accounts receivable, net	42,707.		48,346.
	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			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Aŝ	8	Inventories for sale or use	64,608.		106,756.
	9	Prepaid expenses and deferred charges	8,098.	9	34,988.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a6,515,388.Less: accumulated depreciation10b1,284,714.			
	b		5,085,180.	10c	5,230,674.
	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	100 100	14	
	15	Other assets. See Part IV, line 11	122,170.		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,095,817.		5,785,051. 137,524.
	17	Accounts payable and accrued expenses	74,579.		157,524.
	18	Grants payable	459,611.	18	378,027.
	19 20	Deferred revenue	459,011.	19 20	570,027.
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22	Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	~~	key employees, highest compensated employees, and disqualified persons.			
bili		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	3,885,868.	23	3,766,544.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	16,967.	25	16,914.
	26	Total liabilities. Add lines 17 through 25	<u> 16,967.</u> 4,437,025.	26	16,914. 4,299,009.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 and			
ş		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	1,515,845.		1,340,664. 145,378.
sala	28	Temporarily restricted net assets	142,947.	28	145,378.
ΒP	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let	32	Retained earnings, endowment, accumulated income, or other funds	1 650 700	32	1 106 010
~	33	Total net assets or fund balances	<u>1,658,792</u> 6,095,817.		1,486,042. 5,785,051.
	34	Total liabilities and net assets/fund balances	0,090,01/•	34	Form 990 (2018)

832011 12-31-18

ASSOCIATION FOR WALDORF EDUC	CATION
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Form	1990 (2018) IN SAN DIEGO	95-36	41387	Page	e 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,807					
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>5,931</u> -123					
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,658	3,79	2.			
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	-48	<u>,99</u>	4.			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,486	5,04	.2.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	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	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2 b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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 the	-						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2018)

832012 12-31-18

SCHEDULE A		Dublic Ch	arity Status an		lia Si	unnort		OMB No. 1545-0047
(Form 990 or 990-EZ)			anization is a section 50					2018
			l947(a)(1) nonexempt cha					2010
Department of the Treasury Internal Revenue Service			Attach to Form 990 or I					Open to Public Inspection
			ov/Form990 for instructi			nformation.	Employer	-
Name of the organizat			OR WALDORF ED	UCATIC)N			identification number
Part I Reason		AN DIEGO	(All organizations must c	omploto thi	o port) S	o instructions		5-3641387
–	•		: (For lines 1 through 12, c		,	()(A)(;)		
			tion of churches described . (Attach Schedule E (Forr			I)(A)(I).		
			ganization described in s			;;)		
	-		conjunction with a hospital			-	(iii) Enter	the hospital's name
city, and stat	-			accombod	ocolic			the heepital o hame,
	-	or the benefit of a o	college or university owned	d or operate	ed by a go	overnmental u	nit describe	ed in
		Complete Part II.)	5		, ,			
			nmental unit described in	section 17	'0(b)(1)(A)	(v).		
		•	tantial part of its support f			.,	ne general i	oublic described in
section 170	(b)(1)(A)(vi). (C	omplete Part II.)						
8 🗌 A community	y trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9 🗌 An agricultur	al research org	ganization describe	ed in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
or university	or a non-land-g	grant college of ag	riculture (see instructions).	Enter the r	name, city	, and state of	the college	or
university: _								
10 An organizat	ion that norma	ally receives: (1) mo	ore than 33 1/3% of its sup	port from c	ontributio	ns, membersł	nip fees, an	d gross receipts from
		-	ject to certain exceptions,					-
			ne (less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		mplete Part III.)						
	•	-	usively to test for public sa	•				
-	•	-	usively for the benefit of, to				•	
-		-	bed in section 509(a)(1) of a section of a section bed in section of a section bed in the					Jneck the box in
	•		of supporting organization , supervised, or controlled				-	aivina
		-	regularly appoint or elect a	• • • •	-			
	-		Sections A and B.	i majonty o				,pporting
		-	ed or controlled in connec	tion with its	s supporte	ed organizatio	n(s). bv hav	vina
		-	rganization vested in the s			-		•
	-		V, Sections A and C.	•				
c 🗌 Type III fu	nctionally inte	egrated. A support	ing organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
its support	ed organizatio	n(s) (see instructio	ns). You must complete	Part IV, Se	ctions A,	D, and E.		
d 🗌 Type III no	on-functionally	y integrated. A su	pporting organization ope	rated in cor	nnection v	vith its suppor	ted organiz	zation(s)
that is not	functionally int	tegrated. The orga	nization generally must sat	tisfy a distri	bution red	quirement and	an attentiv	/eness
requireme	nt (see instruct	ions). You must c	omplete Part IV, Section	s A and D,	and Part	۷.		
e Check this	box if the orga	anization received	a written determination fro	om the IRS	that it is a	Туре I, Туре	II, Type III	
		• ·	ionally integrated supporti	ng organiza	ation.			[]
f Enter the number	••	•						
g Provide the follow (i) Name of supp		n about the suppor (ii) EIN	ted organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
organizatio		(,	(described on lines 1-10	in your governin Yes	ng document? No	support (see ir		support (see instructions)
			above (see instructions))	103	110			
								ļ
Total								
LHA For Paperwork Re	eduction Act N	lotice, see the Ins	structions for Form 990 o 16	r 990-EZ.	832021 10-	11-18 Sche	dule A (For	rm 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 IN SAN DIEGO

Part II

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4		(6) 2010	(6) 2010			
8	Gross income from interest,						
U	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
			 			12	
	Gross receipts from related activities,			d fourth or fifth to			
13	First five years. If the Form 990 is for				-		
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2018 (I			olumn (f))		14	0/
						15	<u> </u>
	Public support percentage from 2017 33 1/3% support test - 2018. If the o			n line 13 and line		· · · ·	
104	stop here. The organization qualifies						
h	33 1/3% support test - 2017. If the o		-		l lino 15 io 22 1/20/		
N							
47-	and stop here. The organization qual				- 10 16- or 16-		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets the						⊌
40	organization meets the "facts-and-circ		-				
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 100, 17a, or 17			S ►

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 IN SAN DIEGO

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

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(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.)

Section A. Public Support			-			
Calendar year (or fiscal year beginning in)	► (a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	,					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, an						
3 received from disqualified persor	s					
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	► (a) 2014	(b) 2015	(c) 2016	(d) 2017	(a) 2019	(f) Total
		(b) 2013	(0) 2010	(u) 2017	(e) 2018	(1) 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 businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					
14 First five years. If the Form 990 is	for the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3) org	anization,
Section C. Computation of Pul	olic Support Per	rcentage				
15 Public support percentage for 2018	3 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inv		•			 	
17 Investment income percentage for	2018 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2018. If t	he organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and lii	ne 17 is not
more than 33 1/3%, check this box	-					▶∟
b 33 1/3% support tests - 2017. If t						
line 18 is not more than 33 1/3%, c						
20 Private foundation. If the organization	tion did not check a	box on line 14, 19	9a, or 19b, check t			····· •
832023 10-11-18		18	3	Sch	nedule A (Form	n 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 IN SAN DIEGO 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

1

Yes No

Schedule A (Form 990 or 990-EZ) 2018 IN SAN DIEGO

95-	36	41	387	Page 5

Par	t 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		<u> </u>
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		L
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		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,)	
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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
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	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>
832025	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ)	2018

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ASSOCIATION FOR WALDORF EDUCATION Schedule A (Form 990 or 990 EZ) 2018 IN SAN DIEGO

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

	dule A (Form 990 or 990-EZ) 2018 IN SAN DIEGO			5-3641387 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

ASSOCIATION	FOR	WALDORF	EDUCATION
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Part VI Supplemental Information. Provide t	THE EARLIGHTUNES LEVELUE OV FAIL II. III. PAIL II. III. III. III. PAIL II. III. PAIL II. III. PAIL II. PAIL II. III. PAIL II. PAIL III. PAIL II. PAIL III.	
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 line 1; Part IV, Section D, lines 2 and 3; Part I	the explanations required by Part II, line 10; Part II, line 17a or 17b; Pa 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; I V, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Sectio ion E, lines 2, 5, and 6. Also complete this part for any additional infor	Part IV, Section C, n B, line 1e; Part V,
(See instructions.)		
32028 10-11-18	Sabadula A (Fa	rm 990 or 990-EZ) 201

Schedule B

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

	0011100
Name of the	organization
maine or the	oruariizatiori

** PUBLIC DISCLOSURE COPY **

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

2018

Employer identification number

ASS	SOCIA	ATION	FOR	WALDORF	EDUCATION
IN	SAN	DIEGO)		

95-3641387

Organizatio	on type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively religious, charitable, etc., exclusively religious, exclusively religious,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

ASSOCIATION FOR WALDORF EDUCATION IN SAN DIEGO

Employer identification number

Page 2

95-3641387

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,095.	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
<u>2</u>	Name, address, and ZIP + 4	\$146,702.	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
3		\$35,000.	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
4		\$5,560.	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
5		\$ <u>34,675.</u>	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		\$41,010.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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823452 11-08-18

2018.06010 ASSOCIATION FOR WALDORF E WLADORF1

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

ASSOCIATION FOR WALDORF EDUCATION IN SAN DIEGO

Employer identification number

Page 2

95-3641387

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 9,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 8,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll 6,250. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 5,795. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

2018.06010 ASSOCIATION FOR WALDORF E WLADORF1

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(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (See instructions.) \$ (c) FMV (or estimate) (See instructions.) \$ (C) FMV (or estimate) (See instructions.) \$ (C) \$ (C) \$ (C) FMV (or estimate) (See instructions.) \$ (C) \$ (C)	(d) Date received (d) Date received (d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (See instructions.) \$	Date received (d) Date received
(b) Description of noncash property given	FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate) (See instructions.) \$ \$	Date received (d) Date received
Description of noncash property given	(c) FMV (or estimate) (See instructions.) (See instructions.) (See instructions.) (C) FMV (or estimate)	Date received
Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
	(c) FMV (or estimate)	(d)
	FMV (or estimate)	(d)
Description of noncean property given		Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given	Description of noncash property given FMV (or estimate) (See instructions.)

Name of organization

IN SAN DIEGO

Employer identification number

95-3641387

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2018.06010 ASSOCIATION FOR WALDORF E WLADORF1

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	rganization		Employer identification number
	IATION FOR WALDORF EDUCA	TION	95-3641387
Part III	N DIEGO Exclusively religious, charitable, etc., contribution	ons to organizations described in se	/ 20-2041307 ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a)	through (e) and the following line entri- charitable, etc., contributions of \$1,000 or l	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
-	, autoroco o namo, autoroco, au		
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
823454 11-08	3-18		Schedule B (Form 990, 990-EZ, or 990-PF) (2018

28 2018.06010 ASSOCIATION FOR WALDORF E WLADORF1

SC		Supplementa	al Financial Statements		OMB No. 1545-0047
(Forn	n 990)	Complete if the org	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2018
	ment of the Treasury		Attach to Form 990.		Open to Public Inspection
	Revenue Service		90 for instructions and the latest informatio		
Nam	e of the organization	IN SAN DIEGO	BOOKI EDUCATION		identification number 5-3641387
Par	t I Organiza		d Funds or Other Similar Funds or		
		n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at en	d of year			
2	Aggregate value of	contributions to (during year)			
3		grants from (during year)			
4		end of year			
5	-		writing that the assets held in donor advised t		
~			exclusive legal control?		Yes No
6	•	e	dvisors in writing that grant funds can be use r donor advisor, or for any other purpose con		
			r donor advisor, or for any other purpose con	÷	Yes No
Par	t II Conserva	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Parl	t IV. line 7.	
1		ervation easements held by the organization			
		of land for public use (e.g., recreation or e		ally important la	and area
	Protection of	natural habitat	Preservation of a certifie	•	
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualit	ied conservation contribution in the form of a	conservation e	asement on the last
	day of the tax year.			Held	at the End of the Tax Year
а	Total number of co	nservation easements		2 a	
b	v				
С			ucture included in (a)	2 c	
d			after 7/25/06, and not on a historic structure		
3		ation easements modified, transferred, rel	eased, extinguished, or terminated by the org	ganization during	g the tax
4	year ►	 where property subject to conservation eas	sement is located		
5		ion have a written policy regarding the per			
Ŭ	•	procement of the conservation easements it			Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv		during the year
	▶				
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easements dur	ing the year
	►\$				
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)	
					Yes No
9		•	on easements in its revenue and expense sta		
			tion's financial statements that describes the	organization's a	ccounting for
Par	conservation easer		Art, Historical Treasures, or Othe	r Similar Ass	sets.
. a		the organization answered "Yes" on Form			
1 a			C 958), not to report in its revenue statement	t and balance sh	eet works of art.
	0	, 1	nibition, education, or research in furtherance		,
		note to its financial statements that descri			, , , , , , , , , , , , , , , , , , ,
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	d balance sheet	works of art, historical
	treasures, or other	similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide	the following amounts
	relating to these ite	ems:			
	(i) Revenue includ	ded on Form 990, Part VIII, line 1		► \$	
				🕨 💲 _	
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial ga	in, provide	
	-	nts required to be reported under SFAS 1			
а					
		eduction Act Notice, see the Instructions	s for Form 990.	Sche	dule D (Form 990) 2018
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	ASSOCIATION	FOR	WALDORF	EDUCATION
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Scho	edule D (Form 990) 2018 IN SAN	DIEGO			SALION		c	95-36	4138	7 _{Page} 2
	rt III Organizations Maintaining C		t. Hist	orical Tre	asures. o	r Other				
3	Using the organization's acquisition, accessi									,
	(check all that apply):	,		,	5	5				
а	Public exhibition	c	1 I	Loan or exc	hange progra	ams				
b	Scholarly research	e								
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ev further th	ne organizatio	on's exem	eogrug ta	e in Part	XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	No No
Pa	rt IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pa			-						
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for o	contributions	s or other as	sets not ir	ncluded			
	on Form 990, Part X?							🗆	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amoun	t
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	istodial acco	unt liabilit	ty?	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII				
Pa	rt V Endowment Funds. Complete									
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	r years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	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	•	e (line 1g	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment									
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held ar	nd administer	red for the	e organiza	tion	1	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Da	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment f	unds.						
ı a	Complete if the organization answere			lina 11a C			ina 10			
		(a) Cost or c			or other			4	(d) Boo	
	Description of property	basis (investr		• • •	(other)		cumulate	a	(a) 800	k value
10	Land	· · · · ·			3,796.		Selation		1 55	3,796.
na b	Land				<u>9,120.</u>	1 0	34,81	7.	3 54	4,303.
с С	Buildings Leasehold improvements				<i>,</i> <u>,</u>	\downarrow	51,01	- ' •	5,54	-,505•
с А	Equipment			7	0,774.		33,74	16.	3	7,028.
	Other				1,698.	2	16,15	51.	9	5,547.
	I. Add lines 1a through 1e. (Column (d) must e		X. colur		-		-			0,674.

Schedule D (Form 990) 2018

ASSOCIATION FOR WALDORF EDUCATION	ASSOCIATION	FOR	WALDORF	EDUCATION
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Schedule D (Form 990) 2018 IN SAN DIEG Part VII Investments - Other Securities.			95-3641387 Page
Complete if the organization answered "Yes"	on Form 990, Part IV. line	11b. See Form 990. Part X. I	ine 12.
(a) Description of security or category (including name of security)	(b) Book value		: Cost or end-of-year market value
1) Financial derivatives			· · · · · ·
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
iotal. (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. I	ine 13.
(a) Description of investment	(b) Book value		: Cost 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. I	ine 15.
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	o 15)		
Part X Other Liabilities.	e 15.j		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. P	art X. line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(1) ACCRUED LIABILITIES		16,914.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
		16,914.	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to 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) 2018

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ASSOCIA	TION	FOR	WALDORF	EDUCATION
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Sche	edule D (Form 990) 2018 IN SAN DIEGO			95-	3641387 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements V	With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			-	
1	Total revenue, gains, and other support per audited financial statements			1	5,136,999.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities2	2b	11,026.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	392,958.		
е	Add lines 2a through 2d			2e	403,984.
3	Subtract line 2e from line 1			3	4,733,015.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	la			
b	Other (Describe in Part XIII.)	ŀb	1,074,401.		
с	Add lines 4a and 4b			4c	<u>1,074,401.</u> 5,807,416.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,807,416.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	With	n Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,260,755.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities2	2a	11,026.		
b	Prior year adjustments				
		2b			
С		2b 2c			
c d		2c	392,958.		
c d e	Other losses 2 Other (Describe in Part XIII.) 2	2c 2d	•	2e	403,984.
c d e 3	Other losses 2 Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2	2c 2d	·····	2e 3	403,984. 4,856,771.
	Other losses 2 Other (Describe in Part XIII.) 2	2c 2d	·····		
3	Other losses 2 Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2 Subtract line 2e from line 1 2 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1	2c 2d			
3 4	Other losses 2 Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 4	2c 2d	·····		4,856,771.
3 4	Other losses 2 Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 4	2c 2d ka kb	1,074,401.		4,856,771.
3 4 b c 5	Other losses 2 Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) 4	2c 2d la lb	1,074,401.	3	4,856,771.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE SCHOOL HAS 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
NCURRANCE OF ANY UNRELATED BUSINESS INCOME ATTRIBUTABLE TO THE SCHOOL.
BECAUSE OF THE SCHOOL'S GENERAL TAX-EXEMPT STATUS, ASC 740-10-05 IS NOT
NTICIPATED TO HAVE A MATERIAL IMPACT ON THE SCHOOL'S FINANCIAL
STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENTS EXPENSES 50,598.
COST OF GOODS SOLD 342,360.

32

832054 10-29-18

342,360.

Schedule D (Form 990) 2018

2018.06010 ASSOCIATION FOR WALDORF E WLADORF1

ASSOCIATION FOR WALDORF EDUCATION Schedule D (Form 990) 2018 IN SAN DIEGO Part XIII Supplemental Information (continued)	95-3641387 Page 5
TOTAL TO SCHEDULE D, PART XI, LINE 2D	392,958.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS AND ASSISTANCE	1,074,401.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSES	50,598.
COST OF GOODS SOLD	342,360.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	392,958.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS AND ASSISTANCE	1,074,401.
	Schedule D (Form 990) 2018

SC	SCHEDULE E Schools			OMB No.	OMB No. 1545-0047				
(For	m 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990,		20	19	2			
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.				•			
	nent of the Treasury Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Inspect		liC			
Name	e of the organization	ASSOCIATION FOR WALDORF EDUCATION	Employer i	dentificati	on nu	mber			
		IN SAN DIEGO	95	5-3641	387				
Pa	rtl				·				
					YES	NO			
1	-	ion have a racially nondiscriminatory policy toward students by statement in its charter, bylav			x				
2		strument, or in a resolution of its governing body? ion include a statement of its racially nondiscriminatory policy toward students in all its broch		1					
-	•	her written communications with the public dealing with student admissions, programs, and		s? 2	x				
3		on publicized its racially nondiscriminatory policy through newspaper or broadcast media dur							
	period of solicitatio	n for students, or during the registration period if it has no solicitation program, in a way that	makes						
		o all parts of the general community it serves? If "Yes," please describe. If "No," please expla	in.						
	If you need more s	pace, use Part II J PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POL	TOV	3	X				
		I POBLICIZES IIS RACIALLI NONDISCRIMINATORI POL IE USE OF ITS SCHOOL WEBSITE.		-					
	<u>1111(00011 11</u>			-					
				-					
4	Does the organizat	ion maintain the following?							
а	Records indicating	the racial composition of the student body, faculty, and administrative staff?		4a	X				
		ting that scholarships and other financial assistance are awarded on a racially nondiscriminat		4b	X				
С		gues, brochures, announcements, and other written communications to the public dealing w			v				
لم		ins, and scholarships?			X X				
u		ial used by the organization or on its behalf to solicit contributions?		40	- 23				
				_					
5	Does the organizat	ion discriminate by race in any way with respect to:							
		privileges?		5a		x			
		s?				X			
с	Employment of fac	ulty or administrative staff?		5c		X			
d	Scholarships or oth	ner financial assistance?		5d		X			
е	Educational policie	s?		<u>5e</u>		X			
						X			
						X X			
n		ar activities? es" to any of the above, please explain. If you need more space, use Part II.		<u>5h</u>					
	ii you answered ii	es to any of the above, please explain. If you need more space, use Fart II.							
6.				_		v			
		ion receive any financial aid or assistance from a governmental agency?				X			
u		es" on either line 6a or line 6b, explain on Part II.							
7		ion certify that it has complied with the applicable requirements of sections 4.01 through 4.0	5 of						
_		975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	Х				
I HA			Schedule E (F		990-E7	2018			

				WALDORF	EDUCATION		
Schedule E	(Form 990 or 990-EZ) 2018 Supplemental Infor	IN SAN	DIEGO			<u>95-3641387</u>	Page 2
i art ii	Also provide any other ad	ditional informat	ue the explanation	ons required by	Part I, lines 3, 4d, 5	h, 6b, and 7, as applicable.	
832062 10-15-	18			25		Schedule E (Form 990 or 990-E	EZ) 2018
				35			

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on rganization entered more than \$1				or 19,	or if the	2018
Department of the Treasury	U	Attach to Form 990			-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr				on.		Inspection
Name of the organization	IN SAN						95-3641	
	ing Activities. complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-EZ	filers are not
 a Mail solicitati b Internet and c Phone solicit d In-person sol 2 a Did the organizatio key employees listed 	ions email solicitations ations icitations n have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special r oral agreement with any individual art VII) or entity in connection with p iduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising o ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees,	Yes	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in white	ch the organizatio	n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	lit is e	exempt from re	gistration
or licensing.								giotration
	duction Act Not	ce, see the Instructions for Form §	990 or 1	000 F	7	Scho	dule C (Earm C	90 or 990-EZ) 2018

832081 10-03-18

ASSOCIATION FOR WALDORF EDUCATION 95-3641387 Page 2 Schedule G (Form 990 or 990-EZ) 2018 IN SAN DIEGO Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through GALA EVENT WINTER FAIRE 1 col. (c)) (event type) (event type) (total number) Revenue 142,292 24,147. 4,110. 170,549. Gross receipts 1 2 Less: Contributions 142,292. 24,147. 4,110. 170,549. Gross income (line 1 minus line 2) 3 4 Cash prizes 5 Noncash prizes Direct Expenses

7,250.

10,234.

14,691.

14,252.

Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.				(d) Total gaming (add
svenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Å	I Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (col. (a) through co 2 Cash prizes					
se	2	Cash prizes				
Expense	art III Gaming. Comple \$15,000 on Form 95 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summar 8 Net gaming income sum Enter the state(s) in which the state organization licensed b If "No," explain:	Noncash prizes				
Direct	4	Rent/facility costs				
(a) Bingo bingo/progressive bingo (c) Other gaming 1 Gross revenue						
	6	Volunteer labor				
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
-						
						YesNo
					ear?	Yes No
b	lf "	Yes," explain:				

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

7,250.

10,234.

33,114.

50,598.

4,171.

►

Rent/facility costs

Entertainment

Other direct expenses

10 Direct expense summary. Add lines 4 through 9 in column (d)

Food and beverages

6

7

8

9

Sch	edule G (Form 990 or 990-EZ) 2018 IN SAN DIEGO 95-3	86413	87	Page 3
	Does the organization conduct gaming activities with nonmembers?	Y [′es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	<u>г</u>	'es	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	· · · ·		
	Name			
	Address			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[] Y	'es	└── No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Mondeton, distributions,			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		/~~	
	retain the state gaming license?	ĽĽĬŤ	'es	└── No
a	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year s rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	t III line	<u> </u>	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, IIIIe	59,9	b, 10b,
83208	33 10-03-18 Schedule G (Forr	າ 990 or	990-	EZ) 2018

		ASSOCIATION F	OR WALDORF	EDUCATION		
Schedule G	(Form 990 or 990-EZ) Supplemental Infor	IN SAN DIEGO			95-3641387	Page 4
Part IV	Supplemental Infor	mation (continued)				
					Schedule G (Form 990 or	990-F7

39 2018.06010 ASSOCIATION FOR WALDORF E WLADORF1

07420727 759947 WLADORFEDU

SCHEDULE I		G	rants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)		Gov	vernments, an ete if the organizatio	nd Individua	ls in the Ŭni	ted States		2018
Department of the Treasury Internal Revenue Service		Comple		Attach to For				Open to Public Inspection
Name of the organizati	ion ASSOCIATI IN SAN DI		LDORF EDUCA	TION				Employer identification number 95-3641387
Part I General Ir	nformation on Grants a							
criteria used to a	zation maintain records t award the grants or assis IV the organization's pro	stance?				-		
	d Other Assistance to					anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient t	hat received more than S	5,000. Part II can	be duplicated if additi	onal space is need	ed.	(f) Mathad of	1	-
	Idress of organization vernment	(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
	per of section 501(c)(3) a per of other organizations						1	······· È
								Cabadula I (Farma 000) (0010)

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Schedule I (Form 990) (2018)

IN SAN DIEGO

95-3641387

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
UITION ASSISTANCE	0	1,074,401.	0.	BOOK-COST OF TUITION	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FINANCIAL AID IS BASED ON NEED. A TUITION MANAGEMENT COMPANY COLLECTS

INFORMATION FROM THE FAMILIES SEEKING TUITION ASSISTANCE AND COMPILES

FINANCIAL REPORTS. A TUITION ASSISTANCE COMMITTEE THEN REVIEWS THE REPORTS

AND DETERMINES AWARDS.

SCHEDULE L (Form 990 or 990-EZ)			28b, or 28c, o	wered or Form	d "Yes m 990	s" on F -EZ, P	orm 990, Par art V, line 38a	t IV, a or	line 25a, 25b, 2	6, 27,	28a,		ив No 20	18	3
Department of the Treasury Internal Revenue Service		e to v					Form 990-E2		est information.				pen T spect		olic
Name of the organization			ON FOR W					iate	st mornation.	Em	olovo	r ident			mbor
Name of the organization	IN SAN			АПО	ORF	EDU	JCATION					5413			mbei
Part I Excess B				1(~)(3)		ion 50	1(c)(4) and 50	1(_)	(29) organizations			9413	0/		
	the organization		Relationship betw		,	,	ine 25a or 25b), or	Form 990-EZ, Pa	art V, I	ine 40	JD.	(1)	Corre	ected?
1 (a) Name of disqualif	ied person	(a) H	person and or			iniea	(0	c) D	escription of tran	sactio	n			es	
			F	3									- T	es	No
													+		
													-	-	
													-	-	
													+	-	
													+		
2 Enter the amount of	tax incurred by	the or	manization man	agers	or disc	nualifie	u d persons dur	ina	the vear under						
			•	•		•	•	Ũ			► \$				
3 Enter the amount of															
	tax, ir ariy, or i			ou by		gainza					F V				
Part II Loans to	and/or From	n Inte	erested Pers	ons.											
Complete if	the organization	n answ	vered "Yes" on F	Form 9	90-EZ	. Part '	V. line 38a or F	orm	n 990, Part IV, lin	e 26: o	or if th	ne oraa	nizatio	n	
•	•		, Part X, line 5, 6			,	,		, , , ,	,		5			
(a) Name of	(b) Relatio	1	(c) Purpose	(d) Lo	an to or	((e) Original	(1	i) Balance due	(g) In		proved	(i) V	Vritten
interested person	with organ	zation	of loan		n the zation?		cipal amount	`	,		ault?	by bo	ard or hittee?	agree	ement?
				То	From	1				Yes	No	Yes	No	Yes	No
Total							> \$								
Part III Grants or	r Assistance	Ben	efiting Inter	estec	d Per	sons	-								
Complete if	the organization	n answ	vered "Yes" on F	orm 9	90, Pa	art IV, I	ine 27.		-						
(a) Name of interes	ted person	(b) Relationship	betwe	en	(c) Amount of		(d) Type	of) Purp		of
			interested pers		d		assistance		assistan	се			assista	ance	
			the organiza	ation											
							556,96	3.	SEE PART	V	5	SEE	PAR	ΤV	r
		_													
		_													
		_													
		_													
		_				<u> </u>									
		_													
		_													
		_													
LHA For Paperwork Re	duction Act No	otice, s	see the Instruct	tions f	or For	m 990) or 990-EZ.		Sch	edule	L (Fo	rm 990) or 99	90-EZ	2018 (

SEE PART V FOR CONTINUATIONS

832131 10-25-18

nedule L (Form 990 or 990-EZ) 2018 LN S	SAN DIEGO	20, Part IV, line 28a, 28b, or 28c. between interested the organization (c) Amount of transaction (d) Description of transaction (e) Sharin organizati revenue Yes Image: Comparison of transaction Image: Comparison of transaction (e) Sharin organizati revenue Yes Image: Comparison of transaction Image: Comparison of transaction (e) Sharin organizati revenue Yes Image: Comparison of transaction Image: Comparison of transaction (f) Description of transaction (f) Sharin organizati revenue Yes Image: Comparison of transaction Image: Comparison of transaction (f) Description of transaction (f) Sharin organizati revenue So on Schedule L (see instructions). Image: Comparison of transaction Image: Comparison of transaction Image: Comparison of transaction Image: Comparison of transaction ISSION Image: Comparison of transaction Image: Comparison of transaction Image: Comparison of transaction Image: Comparison of transaction Image: Comparison of transaction	Page		
	-				
Complete if the organization answer (a) Name of interested person			(d) Description of	(e) Sh	aring
	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) Shorgan reverses Variation Image: state	reve	zatior nues?		
		No			
			ount of action (d) Description of transaction (reaction		-
					-
		a Interested Persons. as" on Form 990, Part IV, line 28a, 28b, or 28c. b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) Shari organizat revenue Yes Yes Yes Ves ses to questions on Schedule L (see instructions). SSISTANCE BENEFITTING INTERESTED PERSONS: 163. PION REMISSION			
					-
rt V Supplemental Information	•		•		
Provide additional information for r	esponses to questions on Schedule L (see in	nstructions).			
I L, PART III, GRANTS	OR ASSISTANCE BENEFITT	ING INTERE:	STED PERSONS	:	
	F.C. 0.C.2				
) AMOUNT OF GRANT \$ 5	50,903.				
TYPE OF ASSISTANCE:	TUITTION REMISSION				
) PURPOSE OF ASSISTANC	E: TO RECRUIT AND RETA	IN HIGH OUZ	ALITY EMPLOY	EES	
		<u>111 111011 201</u>			

Schedule L (Form 990 or 990-EZ) 2018

832132 10-25-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions of 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. ASSOCIATION FOR WALDORF EDUCATION



IN SAN DIEGO

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOCIOECONOMIC BACKGROUNDS.

FORM 990, PART VI, SECTION B, LINE 11B:

DUE TO THE CURRENT COVID-19 GUIDELINES, WE WERE NOT ABLE TO FOLLOW STANDARD

PRACTICES. THE TAX DOCUMENTS WERE REVIEWED BY THE ADMINISTRATOR AND BOARD

TREASURER ONLY.

FORM 990, PART VI, SECTION B, LINE 12C:

THE SCHOOL MONITORS AND ENFORCES ITS CONFLICTS OF INTEREST POLICY BY THE

FORM OF DISCUSSION/QUESTIONING DURING BOARD MEETINGS AND GROUP MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF OFFICERS, MANAGEMENT, AND KEY EMPLOYEES IS DETERMINED BY

THE BOARD OF DIRECTORS BASED UPON AVAILABILITY OF FUNDS AND COMPARABLE

SALARIES IN THE AREA. THE BOARD HAS CURRENTLY ESTABLISHED A PAYSCALE BASED

UPON COMPARABLE SALARIES IN THE AREA.

FORM 990, PART VI, SECTION C, LINE 18:

THE SCHOOL MAKES IT'S DOCUMENTS AVAILABLE FOR INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C:

THE SCHOOL HAS NOT CHANGED ITS OVERSIGHT PROCESS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 9 Name of the organization	ASSOCIATION FOR WA	LDORF EDUCATION	Page 2 Employer identification number 95-3641387
	IN SAN DIEGO		95-3641387
			Schedule O (Form 990 or 990-EZ) (2018)
832212 10-10-18		45	Schedule O (FULLI 330 01 330-EZ) (2018)

07420727 759947 WLADORFEDU