

Extended to May 15, 2019
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury
 Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Alabama Waldorf Association
The Redmont School, Inc.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5901 Crestwood Blvd
 City or town, state or province, country, and ZIP or foreign postal code
Birmingham, AL 35212

D Employer identification number
63-0972301

E Telephone number
205-592-0541

G Gross receipts \$ **885,566.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **alabamawaldorf.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1988** **M** State of legal domicile: **AL**

F Name and address of principal officer: **Dr. Lisa Grupe**
same as C above

H(c) Group exemption number

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Alabama Waldorf School is a community dedicated to educating responsible world citizens,		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	34
	6	Total number of volunteers (estimate if necessary)	6	40
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 94,412.	Current Year 37,566.
	9	Program service revenue (Part VIII, line 2g)	710,672.	779,106.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	514.	669.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,700.	46,453.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	849,298.	863,794.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	565,596.	662,862.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	13,887.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	189,315.	253,181.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	754,911.	916,043.
19	Revenue less expenses. Subtract line 18 from line 12	94,387.	-52,249.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,141,524.	End of Year 1,056,898.
	21	Total liabilities (Part X, line 26)	628,533.	596,156.
	22	Net assets or fund balances. Subtract line 21 from line 20	512,991.	460,742.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: **5/13/2019**
Dr. Lisa Grupe, Executive Director
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **William P. Bach** Preparer's signature: *[Signature]* Date: **5-13-19** Check if self-employed: PTIN: **P01315784**
 Firm's name: **Kassouf & Co., PC** Firm's EIN: **63-0590670**
 Firm's address: **2101 Highland Ave S Suite 300** Phone no.: **205-443-2500**
Birmingham, AL 35205-4009

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No