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(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ 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

Α	ror the	2019 Calendar year, or tax year beginning and	enaing	-	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	THE WALKING CLASSROOM INSTITUTE			
	Name change	Doing business as		27-44776	92
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	 r
	Final return/		295	919-240-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	603,735.
	Ameno return	CHAPED HIDD, NC 2/31/		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: DEDIA IVES		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3)$ $501(c)()$ $()$ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)
J	Websit	e: WWW.THEWALKINGCLASSROOM.ORG		H(c) Group exemptio	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 2011 N	■ State of legal domicile: NC
	art I	Summary		<u>.</u>	
_	1	Briefly describe the organization's mission or most significant activities: PROV	IDE TE	ACHERS RESO	URCES TO
Activities & Governance		STRENGTHEN THE PHYSICAL, MENTAL, AND ACAI	DEMIC	HEALTH OF C	HILDREN.
raa		Check this box 🕨 🔲 if the organization discontinued its operations or dispos			
S ve	1			3	7
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			7
စ္စ		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			7
iŧi		Total number of volunteers (estimate if necessary)			11
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, line 39			0.
	1 -			Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		197,483.	77,720.
ž		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		31.	61.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		417,507.	373,260.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		615,021.	451,041.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		80,358.	68,352.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w	1			269,808.	297,325.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). Professional fundraising fees (Part IX, column (A), line 11e)	55.	-	
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		203,707.	261,206.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		553,873.	626,883.
		Revenue less expenses. Subtract line 18 from line 12		61,148.	-175,842.
Or Peo	3	Tevende 1000 expenses. Cabadae into 10 nont into 12		ginning of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)		2,173,385.	1,988,113.
ASS	21	Total liabilities (Part X, line 26)		17,256.	7,826.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		2,156,129.	1,980,287.
	art II	Signature Block			
Unc	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,,,,,
	,	,			
Sig	ın	Signature of officer		Date	
He		DEBRA IVES, EXECUTIVE DIRECTOR			
110		Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	ROBIN MCDUFFIE		if	
_	parer	Firm's name BLACKMAN & SLOOP, CPAS, P.A.		self-employ	56-1304727
Use					
500	,	Firm's address 1414 RALEIGH RD, SUITE 300 CHAPEL HILL, NC 27517		Phone no (9	19)942-8700
N40	v tha IF	RS discuss this return with the preparer shown above? (see instructions)		I Holle Ho. ()	X Yes No
ivia	y u ie ir	no discuss this return with the preparer shown above? (see instructions)			LAND IES LINO

_	1 990 (2019) THE WALKING CLASSROOM INSTITUTE	27-4477692	- 0
_	rt III Statement of Program Service Accomplishments	21-4411032	Page 2
ı aı	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	THE WALKING CLASSROOM IS A NATIONAL AWARD-WINNING NONP	ROFIT PROGRAM	
	AND EDUCATIONAL TOOL THAT WORKS TO IMPROVE THE PHYSICAL		
	ACADEMIC HEALTH OF ELEMENTARY AND MIDDLE SCHOOL CHILDR	•	
	LISTENING, AND LEARNING REGULARLY THROUGHOUT THE SCHOOL		
2	Did the organization undertake any significant program services during the year which were not listed on the	·	
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	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	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	thers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 488,959 · including grants of \$ 68,352 ·) (Rev		958.
	THE WALKING CLASSROOM INSTITUTE OFFERS TWO PRIMARY PRO	· · · · · · · · · · · · · · · · · · ·	
	WALKING CLASSROOM AND (2) THE WALKING CLASSROOM STEM P		
	ARE ALIGNED WITH THE CURRICULUM STANDARDS AND PROVIDE		
	WORTH OF EDUCATIONAL PODCASTS PRE-LOADED ON MP3-TYPE P		
	"WALKKITS". WALKKITS ARE PROVIDED FOR EACH STUDENT, AND		T IS
	SUPPORTED BY AN EXTENSIVE TEACHER'S GUIDE (INCLUDING LI		
	VOCABULARY WORDS, AND COMPREHENSION QUIZZES) OR DISCUS		
	HELP THE TEACHER/ FACILITATOR SYNTHESIZE LEARNING. OUR		
	MATERIALS MAY BE PURCHASED DIRECTLY BY SCHOOLS OR OTHE ORGANIZATIONS (AFTERSCHOOL PROGRAMS, HOMESCHOOLERS, ETC.)		
	ORGANIZATIONS (AFTERSCHOOL PROGRAMS, HOMESCHOOLERS, ET	C.).	
	TEACHERS THAT WOULD LIKE TO IMPLEMENT OUR PROGRAM BUT	שעבדם פרעהה.	
4b		renue \$	1
40	(Code:) (Expenses \$	enue \$	<i>'</i>
4c	(Code:) (Expenses \$) (Rev	renue \$)
4.1	Other recovers and inco (December on Calcada la O.)		
4d	Other program services (Describe on Schedule O.)	1	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 488,959.)	
46	Total program service expenses		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			3,7
_	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	_		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
′	the any irrepresent historic land areas or historic structures? If "Voc." complete School u. D. Bort II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	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	X	
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	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3,7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		- 1 iu		
_	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		Х
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		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٠,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

	n 990 (WALKING	
Part IV Checklist of				equire	d Schedule:	S (continuea
22	Did t	he organi	zation repo	ort more	than \$5,000 of	grants or oth
	_					

			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		х	
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		Х	
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			
25 a	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		Х	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			, v	
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If	28a		x	
L	"Yes," complete Schedule L, Part IV				
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				
C	"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		х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х	
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		
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	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			,,	
	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?		Х		
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	^	<u> </u>	
Li al	Check if Schedule O contains a response or note to any line in this Part V				
	Check if Schedule O contains a response of note to any life in this Part v		Yes	NI-	
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	No	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b 0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1			
·	(gambling) winnings to prize winners?	1c	х		
93300	4 01-20-20		990	<u> </u>	

Part V 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 7							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	b If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
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			Х				
е	7, 1, 71							
f	3 7 3 7 71 7 7 7 1							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
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-						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
'' _a	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
-	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	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							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	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	(2010)				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NC			
18	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	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	ıd finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DEBRA IVES - 919-240-7877			
	1414 RALEIGH RD SUITE 295, CHAPEL HILL, NC 27517			

932006 01-20-20

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

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

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

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

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

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

	week (list any hours for	H.		id a d		is bot or/trus		compensation	compensation	amount of
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KAREN CURTIN	0.30	X						0.	0.	0.
DIRECTOR (2) BRIAN JENKINS	0.30	Α.						0.	0.	0.
(2) BRIAN JENKINS DIRECTOR TO 11/19	0.30	X						0.	0.	0.
(3) ERIN MCELLIGOTT	0.30	^						0.	0.	0.
DIRECTOR TO 11/19	0.30	X						0.	0.	0.
(4) DEEPIKA GANDHI	0.30							_	-	
DIRECTOR		x						0.	0.	0.
(5) ROB GLASS	0.30									
DIRECTOR TO 11/19		Х						0.	0.	0.
(6) MICHAEL PURCELL	0.30									
DIRECTOR TO 11/19		Х						0.	0.	0.
(7) JOE TARICA	0.30									
DIRECTOR FROM 11/19		Х						0.	0.	0.
(8) RANI DASI	1.00							_	_	_
VICE CHAIR		Х		Х				0.	0.	0.
(9) RACHEL MANDELL	1.00	↓								
BOARD CHAIR	1 00	Х		Х				0.	0.	0.
(10) DAVE HALSTEAD	1.00	١							0	•
TREASURER	1 00	Х		Х				0.	0.	0.
(11) CHRIS HARRIS	1.00	١,,		,,					0	0
SECRETARY	20.00	Х		Х				0.	0.	0.
(12) LAURA FENN FOUNDER AND CEO	0.50	1		x				35,000.	0.	0.
(13) DEBRA IVES	40.00			^				33,000.	0.	<u></u>
EXECUTIVE DIRECTOR	40.00	ł		x				67,600.	0.	0.
EAECOTIVE DIRECTOR								07,000.	0.	
		1								
		\vdash	\vdash			\vdash				
		1								
		1								
		L	L		L	L				

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	Average hours per week Position (do not check more than one box, unless person is both a officer and a director/trustee						(D) Reportable compensation from	Reportable compensation from related		am	(F) timate nount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensat om the anization d relate anization	e on ed
	Subtotal								102,600.		0.			0.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							102,600.		0.			0.
2	Total number of individuals (including but n compensation from the organization							no re		0,000 of reportabl	-			0
3	Did the organization list any former officer,	director, trust	ee, l	key (emp	loye	e, o	· hio	ghest compensated emp	oloyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .					5		Х
1	Complete this table for your five highest co the organization. Report compensation for	= -	-								pens	ation f	rom	
	(A) Name and business	address	N	INC	E				(B) Description of s	ervices	С	(C Comper		1
								_						
								_						
	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organic						0		,				000 (0	

THE WALKING CLASSROOM INSTITUTE

THE WALKING CLASSROOM INSTITUTE 27-4477692 Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 77,720. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 77,720. h Total. Add lines 1a-1f. **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 61. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns $|_{10a}|_{525,652}$ and allowances 10b 152,694.**b** Less: cost of goods sold 372,958. 372,958. c Net income or (loss) from sales of inventory

12 To

b

Form 990 (2019)

302.

363.

302.

302.

451,041.

Business Code

611710

11 a MISCELLANEOUS

Total revenue. See instructions

d All other revenue

e Total. Add lines 11a-11d

372,958.

Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	60 252	60 250		
	and domestic governments. See Part IV, line 21	68,352.	68,352.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	100 600	60 560	15 000	15 000
	trustees, and key employees	102,600.	68,560.	17,020.	17,020
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	450 005	100 005	06.055	40 440
7	Other salaries and wages	172,825.	133,325.	26,057.	13,443
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		4.4.0.		
10	Payroll taxes	21,900.	16,053.	3,425.	2,422
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	105,758.	69,533.	33,950.	2,275 1,077
12	Advertising and promotion	28,848.	27,376.	395.	1,077
13	Office expenses	15,263.	13,368.	1,037.	858
14	Information technology				
15	Royalties				
16	Occupancy	40,429.	29,634.	6,323.	4,472
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	47,311.	47,311.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,465.	1,074.	229.	162
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	16,156.	9,185.	2,633.	4,338
b	POSTAGE & FREIGHT	5,976.	5,188.		788
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	626,883.	488,959.	91,069.	46,855
<u> </u>	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)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		96,982.	1	20,920.	
	2	Savings and temporary cash investments			211,880.	2	194,360.
	3	Pledges and grants receivable, net		187,300.	3	102,712.	
	4	Accounts receivable, net	2,265.	4	13,804.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			18,075.	8	8,162.
Ä	9	Prepaid expenses and deferred charges			19,194.	9	11,931.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	29,434.			
	b	Less: accumulated depreciation	10b	29,215.	1,684.	10c	219.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	1,634,005.	14	1,634,005.		
	15	Other assets. See Part IV, line 11	2,000.	15	2,000.		
	16	Total assets. Add lines 1 through 15 (must eq	2,173,385.	16	1,988,113.		
	17	Accounts payable and accrued expenses		17,256.	17	7,826.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	rmer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
jab		controlled entity or family member of any of the	ese pers	sons		22	
_	23	Secured mortgages and notes payable to unre	elated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24). Complete Part X			
		of Schedule D			45.056	25	
	26	Total liabilities. Add lines 17 through 25			17,256.	26	7,826.
Ś		Organizations that follow FASB ASC 958, ch	neck he	re ▶ X			
nce		and complete lines 27, 28, 32, and 33.			1 062 100		1 000 537
ala	27	Net assets without donor restrictions			1,963,128.	27	1,880,537.
dВ	28	Net assets with donor restrictions			193,001.	28	99,750.
Ë		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
Net Assets or Fund Balances	l .	and complete lines 29 through 33.					
its (29	Capital stock or trust principal, or current fund			29		
SSE	30	Paid-in or capital surplus, or land, building, or				30	
¥Α	31	Retained earnings, endowment, accumulated			0 157 100	31	1 000 207
ž	32	Total net assets or fund balances			2,156,129.	32	1,980,287.
	33	Total liabilities and net assets/fund balances	2,173,385.	33	1,988,113.		

2

Part XI Reconciliation of Net Assets

990 (2019)	THE WALKING CLASSROOM INSTITUTE	27-4	4477692 Page 12
t XI Reconcil	iation of Net Assets		
Check if Sc	hedule O contains a response or note to any line in this Part XI		
Total revenue (mu	ıst equal Part VIII, column (A), line 12)	1	451,041.
Total expenses (n	nust equal Part IX, column (A), line 25)	2	626,883.
	enses. Subtract line 2 from line 1		-175,842.
	d balances at beginning of year (must equal Part X, line 32, column (A))		2,156,129.
Net unrealized ga	ins (losses) on investments	5	
Donated services	and use of facilities	6	
	ises	7	
Prior period adius		8	_

6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,98	0,2	87.
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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990 ((2019)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

THE WALKING CLASSROOM INSTITUTE 27-4477692 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

361	tion A. Public Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	, ,	()	, ,	, ,	,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stor						>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (14	%
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			▶∟
b	33 1/3% support test - 2018. If the o	-					nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support	,	,				
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	610,054.	2031191.	155,513.	197,483.	77,720.	3071961.
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	332.795.	356.012.	354.376.	542,955.	525.652.	2111790.
3	Gross receipts from activities that	332,7330	330,011	331,3701	312,3331	323,0320	
3	are not an unrelated trade or bus- iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	942,849.	2387203.	509,889.	740,438.	603,372.	5183751.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons	538,200.	1984005.	75,000.	146,602.	10,750.	2754557.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	26.042	10.056	66.400	100 771	42 270	220 250
	amount on line 13 for the year	26,843.			189,771.		339,350.
	Add lines 7a and 7b	565,043.	1996961.	141,402.	336,373.	54,128.	3093907.
	Public support. (Subtract line 7c from line 6.)						2089844.
	ction B. Total Support	() 00/5	#1.0040	() 00/-	(0 00 40	() 00/0	(0.7
	endar year (or fiscal year beginning in)	(a) 2015 942, 849.	(b) 2016 2387203.	(c) 2017 509, 889.	(d) 2018 740,438.	(e) 2019 603,372.	(f) Total 5183751.
	Amounts from line 6	742,047.	2307203•	303,003.	740,430.	005,572.	3103731.
100	dividends, payments received on securities loans, rents, royalties, and income from similar sources	66.	16.	14.	31.	61.	188.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	66.	16.	14.	31.	61.	188.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	942,915.	2387219.	509,903.	740,469.	603,433.	5183939.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						>
	ction C. Computation of Publ						40 21
	Public support percentage for 2019 (I	, ,,,	•	.,,		15	40.31 %
	Public support percentage from 2018					16	33.99 %
	ction D. Computation of Inves			101 (5)		47	.00 %
	Investment income percentage for 20					17	
	Investment income percentage from 2					18 0.1/00/ and line 1	<u>%</u>
198	a 33 1/3% support tests - 2019. If the						7 is not ► X
	more than 33 1/3%, check this box at						
K	33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	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			
000	tion of Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	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			
		1		
800	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
<u> </u>	tion b. All Type in Supporting Organizations		Vaa	No
	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
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.	За		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Гуре III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - D	istributions		<u> </u>	Current Year
1	Amount	s paid to supported organizations to accomplish exe	mpt purposes		
2	Amount	s paid to perform activity that directly furthers exemp	ot purposes of supported		
	organiza	ations, in excess of income from activity			
3	Adminis	trative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amount	s paid to acquire exempt-use assets			
5	Qualifie	d set-aside amounts (prior IRS approval required)			
6	Other d	istributions (describe in Part VI). See instructions.			
7	Total ar	nnual distributions. Add lines 1 through 6.			
8	Distribu	tions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide	e details in Part VI). See instructions.			
9	Distribu	table amount for 2019 from Section C, line 6			
10	Line 8 a	mount divided by line 9 amount			
Secti	ion E - D	istribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distribu	table amount for 2019 from Section C, line 6			
2	Underdi	stributions, if any, for years prior to 2019 (reason-			
	able cau	use required- explain in Part VI). See instructions.			
3	Excess	distributions carryover, if any, to 2019			
а	From 20	014			
b	From 20	015			
С	From 20	016			
d	From 20	017			
е	From 20	018			
f	Total of	lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2019 distributable amount			
i	Carryov	er from 2014 not applied (see instructions)			
j	Remain	der. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	tions for 2019 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2019 distributable amount			
С	Remain	der. Subtract lines 4a and 4b from 4.			
5	Remain	ing underdistributions for years prior to 2019, if			
	any. Su	btract lines 3g and 4a from line 2. For result greater			
	than zer	ro, explain in Part VI. See instructions.			
6	Remain	ing underdistributions for 2019. Subtract lines 3h			
	and 4b	from line 1. For result greater than zero, explain in			
	Part VI.	See instructions.			
7	Excess	distributions carryover to 2020. Add lines 3j			
	and 4c.				
8	Breakdo	own of line 7:			
		from 2015			
b	Excess	from 2016			
		from 2017			
		from 2018			
		from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE WALKING CLASSROOM INSTITUTE

Employer identification number 27-4477692

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	nferring
Pai	'		t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		a.
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year ▶ Number of states where property subject to conservation ea	coment is leasted	
4 5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Training of violations, and emoreing conserv	valion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enforcing conservation	easements during the year
•	▶ \$. casee. aag a.e , ca.
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	<u>-</u>	
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	68, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		•
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures, c	r Other	Similar As	sets(cont	inued)	
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following tha	t make sigr	nificant use o	f its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ım				
b	Scholarly research	е								
С	Preservation for future generations			-						
4	Provide a description of the organization's co	llections and explai	n how th	nev further t	he organization	on's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit or									
-	to be sold to raise funds rather than to be ma							Yes		□No
Pai	t IV Escrow and Custodial Arrang								or	
	reported an amount on Form 990, Part			3			,	, ,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?							Yes		□No
b	If "Yes," explain the arrangement in Part XIII a									
		•						Amoui	nt	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?	Yes		No
	If "Yes," explain the arrangement in Part XIII.					-			. \square	
	t V Endowment Funds. Complete if									
		(a) Current year	(b) P	rior year	(c) Two year	s back (d)	Three years ba	ack (e) Fou	ır years	s back
1a	Beginning of year balance	, ,	. ,	•			-			
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end halanc	e (line 1	a column (a)) held as:					
a	Board designated or quasi-endowment	on year end balane	%	g, coluitii (a)) Hold as.					
	Permanent endowment	%	_′0							
	Term endowment > 9									
C	The percentages on lines 2a, 2b, and 2c shou									
20	, ,	•	ation the	at ara bald a	and administs	rad far tha	organization			
Sa	Are there endowment funds not in the posses	ssion of the organiza	ation the	at are rielu a	ina administe	red for the	organization		Vac	No
	by:							2-(:)	Yes	No
	(i) Unrelated organizations									+-
	(ii) Related organizations							3a(ii)	+	+-
	If "Yes" on line 3a(ii), are the related organizat							3b		
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		wment	tunas.						
I G	Complete if the organization answered) Dart I\	/ line 11a 9	Saa Form 000	Dart Y lin	a 10			
	Description of property	(a) Cost or o		r	t or other		umulated	(d) Boo	ak valı	10
	Description of property	basis (investr			(other)		eciation	(u) 600	JK Vall	J e
12	Land	,		54515	(01.101)	чорго	Joigtion			
b	Land Buildings									
	Leasehold improvements									
					7,268.		7,168.		1	00.
d	Equipment Other			2	22,166.	2	22,047.		1	19
	Other		V colum				, 0 = 1 •		2	19
iota	Aud lines Ta through Te. (Column (a) must ed	јиат гоппі ээо, Рап	A, COIUI	ııı (D), III le	100.)		P			<u>. + J •</u>

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 THE WALKIN	IG CLASSROOM	INSTITUTE	27-4477692 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Ye		, line 11b. See Form 990, Part X	ζ, line 12.
(a) Description of security or category (including name of security	y) (b) Book value	(c) Method of valuation	on: 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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		/ II	(); 10
Complete if the organization answered "Ye	(b) Book value		k, line 13. on: Cost or end-of-year market value
	(b) Book value	(c) Wethod of Valuation	on. Cost of end-of-year market value
<u>(1)</u>			
(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 "Ye	es" on Form 990, Part IV	⁷ , line 11d. See Form 990, Part X	(, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	line 15.)		>
	- F 000 Dt	/ line 44 445 One Ferre 200	Dest V. Bara OF
Complete if the organization answered "Ye	es" on Form 990, Part IV	, line TTe or TTf. See Form 990,	(b) Book value
1. (7 1 7			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(~)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2019

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenu	ıe per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	S	1	451,041.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	451,041.
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	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	451,041.
Pa	rt XII Reconciliation of Expenses per Audited Financia	I Statements With Expen	ses per Return	ı .
	Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.		
1	Total expenses and losses per audited financial statements		1	626,883.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	·	2e	0.
3	Subtract line 2e from line 1			626,883.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
b c	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	0.
ь с 5				0. 626,883.
с 5 Ра	Add lines 4a and 4b	ne 18.)	5	626,883.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liret XIII Supplemental Information.	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	626,883.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	626,883.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	626,883.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	626,883.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	626,883.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	626,883.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; P	5	626,883.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization THE WALKI	NG CLASSR	OOM INSTITU	JTE				Employer identification number 27 – 4477692
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?					sistance, and the selec	
Part II Grants and Other Assistance to	_				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Part II can (b) EIN	be duplicated if addi (c) IRC section (if applicable)	tional space is need (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
HILLCREST MIDDLE 4355 PEACH ORCHARD DR DALZELL, SC 29040	36-4682689		0.	5,340.	FMV	WALKKITS	TO PROVIDE THE ORGANIZATION WITH WALKKITS.
KENANSVILLE ELEMENTARY 328 LIMESTONE RD KENANSVILLE, NC 28349	56-1636352		0.	5,340.	FMV	WALKKITS	TO PROVIDE THE ORGANIZATION WITH WALKKITS.
HAROLD MCCORMICK ELEMENTARY 226 SOUTH CEDAR AVE ELIZABETHTON, TN 37643	62-0730716		0.	5,123.	FMV	WALKKITS	TO PROVIDE THE ORGANIZATION WITH WALKKITS.
UPPERMAN MIDDLE 6700 NASHVILLE HWY BAXTER, TN 38544	62-6300769		0.	5,123.	FMV	WALKKITS	TO PROVIDE THE ORGANIZATION WITH WALKKITS.
2 Enter total number of section 501(c)(3)	and government or	 	 he line 1 table				<u> </u>

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

	CHADDROOM I				27 4477072 P
Grants and Other Assistance to Domestic Inc Part III can be duplicated if additional space is r	dividuals. Complete if the	organization answ	vered "Yes" on Form 9	990, Part IV, line 22.	
			1	T	1
(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 assistant
	recipients	cash grant	cash assistance	(book, riviv, appraisal, other)	<u> </u>
rt IV Supplemental Information. Provide the information	ation required in Part I, lin	e 2; Part III, colum	nn (b); and any other a	dditional information.	
,					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2019
Open to Public Inspection

Name of the organization

THE WALKING CLASSROOM INSTITUTE

Employer identification number 27 – 4477692

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

ESTABLISH HEALTHY LIFESTYLE HABITS WHILE BUILDING HEALTH LITERACY AND

CORE CONTENT KNOWLEDGE. THE PRIMARY GOAL OF OUR PROGRAM IS TO BREAK THE

CYCLE OF INACTIVITY AND OBESITY WHILE PROVIDING AN INNOVATIVE METHOD OF

ACADEMIC ENGAGEMENT AT THE SAME TIME. THE METHOD IS SIMPLE: STUDENTS

WALK AS A CLASS (USUALLY OUTSIDE) WHILE LISTENING TO THE SAME,

EXPERT-RESEARCHED, CUSTOM-WRITTEN, KID-FRIENDLY EDUCATIONAL PODCAST.

STUDENTS ARE EXCITED TO GET OUT OF THE CLASSROOM, AND THEY SOON BEGIN

TO ENJOY REGULAR EXERCISE AND REALIZE THAT THE WALKING CLASSROOM AND

ITS EFFECTS EMPOWER THEM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CANNOT AFFORD TO PURCHASE PROGRAM MATERIALS, CAN GO TO

WWW.THEWALKINGCLASSROOM.ORG AND APPLY TO BE ON A WAITING LIST TO GET A

DONATED SET OF WALKKITS AND A TEACHER'S GUIDE. THE WALKING CLASSROOM

INSTITUTE SEEKS DONATIONS AND GRANTS IN ORDER TO MAKE IT POSSIBLE TO

DONATE CLASS SETS TO WAITING LIST TEACHERS. AS OF YEAR-END 2018, OUR

PROGRAM IS BEING IMPLEMENTED IN OVER 2,000 CLASSROOMS, ACROSS 50 STATES

AND THE DISTRICT OF COLUMBIA, WITH MORE THAN 51,000 WALKKITS

DISTRIBUTED SINCE INCEPTION.

2019 ACHIEVEMENTS:

- (1) INCREASED THE NUMBER OF CLASSROOMS THAT ARE IMPLEMENTING THE PROGRAMS FROM 33 IN 2012 TO WELL OVER 2,000 AT THE END OF 2019.
- (2) WE HAVE DISTRIBUTED A TOTAL OF OVER 51,000 WALKKIT AUDIO DEVICES SINCE 2011, 7,565 OF WHICH WERE DISTRIBUTED DURING 2019.

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

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

932211 09-06-19

Name of the organization **Employer identification number** THE WALKING CLASSROOM INSTITUTE 27-4477692 (3) WE KNOW THAT TEACHERS SHARE CLASS SETS, AND WE CONSERVATIVELY ESTIMATE THAT ABOUT 75,000 STUDENTS HAVE BEEN SERVED IN 2019 (THE WALKKITS CAN BE USED YEAR AFTER YEAR). ACHIEVEMENTS THAT ARE NOT MEASURABLE: OUR ADOPTER FEEDBACK IS EXCELLENT AND ENCOURAGING. SURVEY RESPONSES FROM OVER 300 EDUCATORS ACROSS THE COUNTRY WHO IMPLEMENTED THE WALKING CLASSROOM DURING THE 2017-18 SCHOOL YEAR ARE SUMMARIZED BELOW (DATA COMPILED BY UNC CHAPEL HILL RESEARCHERS): 95% SAY THEY TRUST THE EDUCATIONAL CONTENT OF THE WALKING CLASSROOM (TWC) 94% ENJOY DOING TWC WITH THEIR STUDENTS 92% SAY THAT TWC IS AN EFFECTIVE TOOL TO INCREASE DISCUSSION AND ENGAGEMENT 91% SAY TWC ENGAGES DIFFERENT LEARNING STYLES 90% SAY TWC IS AN EFFECTIVE TOOL TO DIFFERENTIATE INSTRUCTION 86% SAY THAT LISTENING TO TWC PODCAST WHILE WALKING STRENGTHENS STUDENT UNDERSTANDING OF PODCAST CONTENT 87% SAY THEIR STUDENTS APPEAR TO BE IN BETTER MOODS AFTER A TWC LESSON. 76% SAY THEIR STUDENTS ARE BETTER BEHAVED AFTER WALKING. 60% SAW AN INCREASE IN HEALTH AWARENESS AND HEALTHY CHOICES IN THEIR STUDENTS AFTER TWC. FEEDBACK FROM STUDENTS: ALSO INCLUDED IN THE UNC CHAPEL HILL SURVEY ASSESSMENT FROM THE 2017-2018 SCHOOL YEAR WERE SURVEY RESPONSES FROM OVER 2,500 STUDENTS, FROM URBAN, SUBURBAN AND RURAL SETTINGS ALL OVER THE UNITED STATES INDICATED THE FOLLOWING IN YEAR-END STUDENT SURVEYS:

2019.03033 THE WALKING CLASSROOM INSTI 28236 1

932212 09-06-19

Name of the organization **Employer identification number** THE WALKING CLASSROOM INSTITUTE 27-4477692

- -80% AGREED THAT TWC HELPED THEM UNDERSTAND CONTENT
- -83% AGREED TWC MADE LEARNING MORE FUN
- -69% AGREED THAT THEY MADE HEALTHIER CHOICES SINCE PARTICIPATING IN TWC
- -71% AGREED THEY WERE BETTER ABLE TO CONCENTRATE THROUGHOUT THE DAY

AFTER TWC

- -77% AGREED THAT THEY ENJOY WALKING MORE SINCE USING TWC
- -74% AGREED THAT THEY FEEL READY TO PARTICIPATE IN POST WALK

DISCUSSIONS AFTER LISTENING TO A WALKING CLASSROOM PODCAST.

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

BOARD MEMBERS ARE SENT A DRAFT COPY OF THE 990 PRIOR TO ITS SUBMISSION AND ARE ENCOURAGED TO PROVIDE FEEDBACK. SUGGESTED CHANGES ARE CONSIDERED AND REVIEWED WITH OUR ACCOUNTANT AND THEN THE REVISED DRAFT 990 IS RESENT TO FINAL COPIES ARE SUBMITTED IF THERE ARE NO FURTHER ALL BOARD MEMBERS. SUGGESTIONS OR REVISIONS.

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

THE PROCESS RELIES ON INITIAL INQUIRY, REVIEW OF CONFLICT OF INTEREST POLICY & SIGNATURE ON DISCLOSURE CERTIFICATION.

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

EXECUTIVE DIRECTOR COMPENSATION WAS DETERMINED AFTER A BOARD OF DIRECTORS REVIEW OF RESPONSIBILITIES, USING THE NC NONPROFIT SALARIES AND BENEFITS 2010 AND AN OUTSIDE CONSULTANT AS A GUIDE.

ALL OTHER EMPLOYEE COMPENSATION IS AT THE DISCRETION OF THE EXECUTIVE DIRECTOR USING THE NC NONPROFIT SALARIES AND BENEFITS 2010 AS A GUIDE AND 932212 09-06-19

Name of the organization THE WALKING CLASSROOM INSTITUTE	Employer identification number 27-4477692				
IS PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL IN THE	HE ANNUAL BUDGET.				
FORM 990, PART VI, SECTION C, LINE 19:					
DOCUMENTS ARE MADE AVAILABLE ON REQUEST, AT OUR OFFICE, O	OR BY EMAIL.				
IN ADDITION, THE 990 IS AVAILABLE ON GUIDESTAR.					
FORM 990, PART IX, LINE 11G, OTHER FEES:					
OTHER PROFESSIONAL FEES:					
PROGRAM SERVICE EXPENSES	44,033				
MANAGEMENT AND GENERAL EXPENSES	33,950				
FUNDRAISING EXPENSES	2,275				
TOTAL EXPENSES	80,258				
RESEARCH PROFESSIONAL FEE:					
PROGRAM SERVICE EXPENSES	25,500				
MANAGEMENT AND GENERAL EXPENSES	0				
FUNDRAISING EXPENSES	0				
TOTAL EXPENSES	25,500				
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	105,758				
FORM 990, PART XII, LINE 2C:					
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.					

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE WALKING CLASSROOM INSTITUTE

Employer identification number 27-4477692

Part I Identification of Disregarded Entities. Comple	<u> </u>			1	1			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	or Total inco	ome End-of-year	assets Direct	(f) Direct controlling entity		
	-							
	-							
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizatio	n answered "Yes" on Form 990	D, Part IV, line 34,	because it had one	or more related tax-ex	kempt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conf	g) 512(b)(13) trolled tity?	
				501(c)(3))		Yes	No	
	-							
	_							

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

		,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of		ortionate	Code V-UBI	Gene	ral or	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?				ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
THE WALKING CLASSROOM, LLC -	CREATE											
90-0637918, 301 FAISON ROAD,	EDUCATIONAL											
CHAPEL HILL, NC 27517	CONTENT	NC	N/A	N/A				X	N/A		X	
	1											
	1											
	1											
	1											
	1											
	L		l			l	1					

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
	1								
	1								
	1								
	1								
		3.6							

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
h	h Purchase of assets from related organization(s)								
i	Exchange of assets with related organization(s)				1i		X		
a Rocapt of (i) interest, (ii) annuties, (iii) royalites, or (iv) and from a controlled entity b (ii) (grant, or capital contribution to related organization(s) c (iii), grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) i Exchange of assets to related organization(s) i Exchange of assets the related organization(s) i Lesse of facilities, equipment, or other assets to related organization(s) i Lesse of facilities, equipment, or other assets for related organization(s) i Lesse of facilities, equipment, or other assets for related organization(s) i Performance of services or membership or fundraling solicitations for related organization(s) m Performance of services or membership or fundraling solicitations for related organization(s) n Sharing of facilities, equipment, making lists, or other assets with related organization(s) s Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property from related organization(s) 1 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Name of related organization (c) Amount involved Method of determining amount involving (a) (b) Amount involved Method of determining amount involving (a)							X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
Performance of services or membership or fundraising solicitations for related organization(s)									
					1m		X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X		
					10		X		
р	Reimbursement paid to related organization(s) for expenses				1p		X		
q	Reimbursement paid by related organization(s) for expenses				1q		X		
r	Other transfer of cash or property to related organization(s)				1r		X		
					1s		X		
	(a) Name of related organization	Transaction			olved				
(1)									
(2)									
(2)									
(3)									
(4)									
(5)									
(6)									
	00.10.10	37		Schadula E	(For	n 000	2019		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated,	partners se 501(c)(3)	Share of	Share of	Dispr tion	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	alloca	ions?	of Schedule K-1	partne	ownersnip
		Country)	sections 5 (2-5 (4)	Yes No) Income	assets	Yes	No	(F01111 1065)	Yes N	0
										\vdash	
										\sqcup	
		ſ		1 I			1		I	1 I	1