



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2008 calendar year, or tax year beginning **8/01/08**, and ending **7/31/09**

<input type="checkbox"/>	Check if applicable:	<b>Please use IRS label or print or type. See Specific instructions.</b>	<b>C</b> Name of organization <b>HARMONY MONTESSORI SCHOOL, INC.</b>	<b>D</b> Employer identification number <b>93-1152908</b>
<input type="checkbox"/>	Address change		Number and street (or P O box, if mail is not delivered to street address) <b>P.O. BOX 16695</b>	<b>E</b> Telephone number <b>503-255-5337</b>
<input type="checkbox"/>	Name change		Room/suite _____	<b>F</b> Group Exemption Number _____
<input type="checkbox"/>	Initial return		City or town, state or country, and ZIP + 4 <b>PORTLAND OR 97292</b>	
<input type="checkbox"/>	Termination			
<input type="checkbox"/>	Amended return			
<input type="checkbox"/>	Application pending			

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ **HARMONY-MONTESSORI.COM**

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Organization type (check only one) —  501(c) ( **3** ) ◀ (insert no )  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **467,397**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received		<b>1,471</b>
	2	Program service revenue including government fees and contracts		<b>350,986</b>
	3	Membership dues and assessments		
	4	Investment income		<b>1,417</b>
	5a	Gross amount from sale of assets other than inventory	<b>5a</b>	
	b	Less: cost or other basis and sales expenses	<b>5b</b>	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch )		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b> <b>113,523</b>	
	b	Less: direct expenses other than fundraising expenses	<b>6b</b> <b>85,420</b>	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		<b>28,103</b>
	7a	Gross sales of inventory, less returns and allowances	<b>7a</b>	
	b	Less: cost of goods sold	<b>7b</b>	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe ▶ _____ )		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		<b>381,977</b>
	10	Grants and similar amounts paid (attach schedule)		
11	Benefits paid to or for members			
12	Salaries, other compensation, and employee benefits		<b>259,012</b>	
13	Professional fees and other payments to independent contractors		<b>5,567</b>	
14	Occupancy, rent, utilities, and maintenance		<b>25,050</b>	
15	Printing, publications, postage, and shipping		<b>3,411</b>	
16	Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )		<b>34,853</b>	
17	<b>Total expenses.</b> Add lines 10 through 16		<b>327,893</b>	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		<b>54,084</b>	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		<b>129,361</b>	
20	Other changes in net assets or fund balances (attach explanation)			
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20		<b>183,445</b>	

SCANNED JAN 05 2010  
Net Assets

**RECEIVED**  
DEC 15 2009

**Part II Balance Sheets** (If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. See the instructions for Part II.)

			(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		<b>90,932</b>	<b>146,373</b>
23	Land and buildings		<b>46,231</b>	<b>44,812</b>
24	Other assets (describe ▶ <b>SEE STATEMENT 2</b> )		<b>2,299</b>	<b>2,507</b>
25	<b>Total assets</b>		<b>139,462</b>	<b>193,692</b>
26	<b>Total liabilities</b> (describe ▶ <b>SEE STATEMENT 3</b> )		<b>10,101</b>	<b>10,247</b>
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		<b>129,361</b>	<b>183,445</b>

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

Form **990-EZ** (2008)



**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<b>X</b>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr <span style="float:right">▶</span> <b>37a</b> _____		
b	Did the organization file Form 1120-POL for this year?		<b>X</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<b>X</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶</span> <b>38b</b> _____		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">▶</span> <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶</span> <b>39b</b> _____		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____, section 4912 <span style="float:right">▶</span> _____; section 4955 <span style="float:right">▶</span> _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		<b>X</b>
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> _____		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>X</b>
41	List the states with which a copy of this return is filed <span style="float:right">▶</span> _____ <b>OR</b> _____		
42a	The books are in care of <span style="float:right">▶</span> <b>JUDE FOSTER</b> Telephone no <span style="float:right">▶</span> _____ <b>P.O. BOX 16695</b> Located at <span style="float:right">▶</span> <b>PORTLAND, OR</b> ZIP + 4 <span style="float:right">▶</span> <b>97292</b>		
b	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)? If "Yes," enter the name of the foreign country. <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			<b>X</b>
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		<b>X</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <b>43</b> _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	X	
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$100,000 ▶

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

Total number of other independent contractors each receiving over \$100,000 ▶

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

Signature of officer: *Judith G Foster* Date: 11/30/09  
 Type or print name and title: Judith G Foster President/HOS.

**Paid Preparer's Use Only**

Preparer's signature: *Laurie L Miller* Date: 10/20/09 Check if self-employed:  Preparer's Identifying Number (See instr): P00447824

Firm's name (or yours if self-employed), address, and ZIP + 4: PAXTON & MILLER, CPAS, LLC  
 10220 SW GREENBURG ROAD, STE. 540  
 PORTLAND, OR 97223

EIN: 93-1257015  
 Phone no: 503-293-1040

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ►

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►

---

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

---

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schools**

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

**HARMONY MONTESSORI SCHOOL, INC.**

Employer identification number

**93-1152908**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain <b>DISPLAY AD IN LOCAL PAPER</b>	X	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement )	X	
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		X
6a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	X	



**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
SALE OF WREATHS, BOOKS, ETC	\$
OTHER EXPENSES	7,780
EXPENSES	
BANK CHARGES	180
DUES AND SUBSCRIPTIONS	275
INSURANCE	5,870
LICENSES	576
OFFICE EXPENSE	2,576
CLASSROOM EXPENSES	12,511
BAD DEBT	100
PRINTING	207
POSTAGE	130
TELEPHONE	993
MAINTENANCE	3,655
TOTAL	\$ <u>34,853</u>

**Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCOUNTS RECEIVABLE	\$ 1,417	\$
INVENTORIES FOR SALE OR USE		1,757
PREPAID INSURANCE	882	750
	<u>2,299</u>	<u>2,507</u>

**Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CREDIT CARD PAYABLE	\$ 590	\$ 637
ACCRUED PAYROLL TAXES	13	10
DEFERRED TUITION	9,498	9,600
	<u>10,101</u>	<u>10,247</u>

# Federal Statements

## Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

### Description

---

TO PROVIDE MONTESSORI PRESCHOOL PROGRAMS TO CHILDREN AGES  
3-6.



# HARMONY MONTESSORI SCHOOL

1740 SE 139th Ave. • P.O. Box 16695 • Portland, OR 97292 • 503.255.5337 • [office@harmony-montessori.com](mailto:office@harmony-montessori.com)

---

Our financial aid funds are limited. We strive to allocate these funds in the fairest possible way. Here are the factors we consider in granting Financial Aid:

- Priority for allocating Financial Aid will be given to re-enrolling children.
- New families may also apply.
- We use the current Federal Free/Reduced Lunch income levels (attached) as a guideline in considering need.
- Household monthly income and expenses.
- Any special circumstances of the request.
- The length of time the child has been enrolled at HMS, and age.
- Past or future siblings who were or will be enrolled.
- Other options for funding the child's education (i.e. family, AFS funding, etc.)
- Plans for child if request is not approved.
- Dollar amount requested per month and dollar amount family can contribute.
- For currently enrolled families, parental participation in school activities: child's school attendance, fundraising efforts, parent education, and volunteerism through our Share Hours program.
- For new families, a commitment to participate in these areas.
- Input from HMS staff.

Harmony Montessori School does not discriminate on the basis of race, color, creed, or national and ethnic origin, in the administration of its educational policies, or any other school programs. We admit students of any race, color, national and ethnic origin to all the rights, privileges, and activities generally accorded or made available to students at the school.

We welcome racial, cultural, and religious diversity, and families of every composition.

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>7-year GDS Property:</b>									
12	Door Key Pad/Entry Lock	7/31/09	1,791		X	896	7 MQ200DB	0	927
			<u>1,791</u>			<u>896</u>		<u>0</u>	<u>927</u>
<b>Non-Residential Real Property:</b>									
11	Awning for ocean room door	10/28/08	450			450	39 MMS/L	0	9
13	Door Alarm System	11/07/08	620			620	39 MMS/L	0	11
			<u>1,070</u>			<u>1,070</u>		<u>0</u>	<u>20</u>
<b>Prior MACRS:</b>									
1	Furniture	6/01/98	5,549			5,549	7 HY 200DB	5,549	0
2	Equipment	1/01/98	5,144			5,144	7 HY 200DB	5,144	0
3	Materials	1/01/97	14,048			14,048	7 HY 200DB	14,048	0
4	Leasehold Imp. Phase I	12/31/07	19,421			19,421	39 MMS/L	311	498
5	Leasehold Imp. Phase II	12/31/07	16,317			16,317	39 MMS/L	261	419
6	Furniture	12/31/07	569			488	7 HY 200DB	81	140
7	Computer	12/31/07	1,384			1,384	7 HY 200DB	198	339
8	Classroom Furniture	12/31/07	4,083			4,083	7 HY 200DB	583	1,000
9	Classroom Materials	12/31/07	3,518			3,518	7 HY 200DB	503	861
10	Leasehold Improvements - Architect Fees	8/01/07	2,948			2,948	39 MMS/L	72	76
			<u>72,981</u>			<u>72,900</u>		<u>26,750</u>	<u>3,333</u>
	<b>Grand Totals</b>		75,842			74,866		26,750	4,280
	<b>Less: Dispositions</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>75,842</u>			<u>74,866</u>		<u>26,750</u>	<u>4,280</u>

Form **4562**

Department of the Treasury  
Internal Revenue Service

(99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No 1545-0172

**2008**

Attachment  
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**HARMONY MONTESSORI SCHOOL, INC.**

Identifying number

**93-1152908**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	895
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	3,333
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		896	7.0	MQ	200DB	32
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	10/28/08	450	39 yrs.	MM	S/L	9
	11/07/08	620	39.0	MM	S/L	11

**Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	4,280
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)