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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning **08/01/09**, and ending **07/31/10**

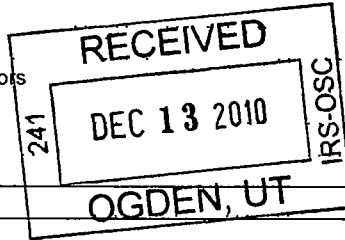
B Check if applicable:	Please use IRS label or print or type. See Specific Instructions	C Name of organization HARMONY MONTESSORI SCHOOL, INC.	D Employer identification number 93-1152908
<input type="checkbox"/> Address change		Number and street (or P O box, if mail is not delivered to street address)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

I Website: ▶ HARMONY-MONTESSORI.COM	G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 494,089	

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

	1 Contributions, gifts, grants, and similar amounts received		7,351
	2 Program service revenue including government fees and contracts		349,291
	3 Membership dues and assessments		
	4 Investment income		1,354
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	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)	6a	136,093
	b Less direct expenses other than fundraising expenses	6b	110,160
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	25,933
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	383,929
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	327,653
	13 Professional fees and other payments to independent contractors	13	3,895
	14 Occupancy, rent, utilities, and maintenance	14	23,122
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ SEE STATEMENT 1)	16	36,898
	17 Total expenses. Add lines 10 through 16	17	391,568
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,639
	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)	19	183,444
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	175,805



SCANNED JAN 04 2011 Revenue

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	146,373	22	138,923
23 Land and buildings		23	
24 Other assets (describe ▶ SEE STATEMENT 2)	47,318	24	49,610
25 Total assets	193,691	25	188,533
26 Total liabilities (describe ▶ SEE STATEMENT 3)	10,247	26	12,728
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	183,444	27	175,805

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

P 2

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

		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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a 		
b	Did the organization file Form 1120-POL for this year?		X
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 outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a 		
b	Gross receipts, included on line 9, for public use of club facilities 39b 		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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		X
41	List the states with which a copy of this return is filed ▶ _____ OR _____		
42a	The organization's books are in care of ▶ KIM GREER Telephone no ▶ _____ P.O. BOX 16695 Located at ▶ PORTLAND, OR ZIP + 4 ▶ 97292		
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)?		X
	If "Yes," enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 a section 527 organization?			

50 Complete this table for the organization's 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				

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

51 Complete this table for the organization's 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		

d 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: *Kim A. Greer* Date: 11-2-10
 Type or print name and title: Kim A. Greer President

Paid Preparer's Use Only

Preparer's signature: *Laurie L. Miller* Date: 11/09/10 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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization

HARMONY MONTESSORI SCHOOL, INC.

Employer identification number

93-1152908

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, 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)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 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:
- 5 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).
- 7 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)
- 9 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)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. 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 33 1/3 % support test—2008. 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"/>		
17a 10%-facts-and-circumstances test—2009. 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 10%-facts-and-circumstances test—2008. 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"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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—2008. 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

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶ Complete if the organization answered "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

2009

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. If you need more space, use Schedule O (Form 990) DISPLAY AD IN LOCAL PAPER	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, use Schedule O (Form 990).	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, use Schedule O (Form 990)		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, explain on Schedule O (Form 990)		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," explain on Schedule O (Form 990)	X	

Form **4562**

Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

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	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2008 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 2010 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 instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
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 2009	17	2,937
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 2009 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						
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	
			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 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 instructions	22	2,937
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** (2009)

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

Description	Amount
EXPENSES	\$
ADVERTISING	1,922
INSURANCE	3,965
DUES AND SUBSCRIPTIONS	110
LICENSES	473
OFFICE EXPENSE	2,647
CLASSROOM EXPENSES	16,075
PRINTING	183
POSTAGE	563
TELEPHONE	1,372
MAINTENANCE	2,576
BANK CHARGES	250
TRAINING AND EDUCATION	2,884
TRUSTEE INSURANCE	2,075
BOARD EXPENSES	1,803
TOTAL	\$ 36,898

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

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$	\$ 2,440
INVENTORIES FOR SALE OR USE	1,757	3,963
EQUIPMENT	75,842	75,842
LESS ACCUMULATED DEPRECIATION	31,031	33,967
PREPAID INSURANCE	750	1,332
	<u>47,318</u>	<u>49,610</u>

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

Description	Beginning of Year	End of Year
CREDIT CARD PAYABLE	\$ 637	\$
ACCRUED PAYROLL TAXES	10	103
DEFERRED TUITION	9,600	12,625
	<u>10,247</u>	<u>12,728</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.

Long Term Financial Aid Application Procedures

- 1) HMS office receives completed Long Term Fin Aid application (see attachments) and forwards to committee.
- 2) If the application is incomplete, Financial Aid Committee (FAC) asks applicant for more information. If the application is complete, FAC sends letter of receipt (see attachments).
- 3) FAC reviews completed application. FAC considers these factors:
 - Priority for allocating Financial Aid will be given to re-enrolling children. New families may also apply using this procedure, if funds are available.
 - Applicants should refer to the attached Federal Free/Reduced Lunch Guidelines. Income should be close to these figures, although some variation is understood in certain circumstances, especially if only a small amount of financial aid is requested.
 - How long has child been enrolled at HMS?
 - Does child have any siblings currently enrolled, or siblings previously enrolled?
 - The circumstances of the request.
 - Other options for funding the child's education (i.e. family, friends, etc.)
 - Plans for child if request is not approved.
 - Dollar amount requested per month and dollar amount family can contribute.
 - Household monthly income and expenses.
 - Parental participation in school activities, including volunteerism, child's school attendance, fundraising, etc. through Share Hours program.
 - Input from HMS staff.
- 4) If application meets above criteria for receiving financial aid, FAC checks Financial Aid budget for available funds. A decision is then made by the FAC regarding the actual dollar amount of financial aid that will be granted, based upon the factors listed above.
- 5) If funds are not available for granting Financial Aid, or the applicant does not qualify for FA based on the first two criteria listed above, but the FAC feels the applicant should nonetheless receive LT Financial Aid, the FAC makes a recommendation to the Board of Trustees (names are kept anonymous as much as possible). The recommendation describes the applicant's request as well as the FAC's suggested aid amount and reasons for granting it, other non-qualifying factors notwithstanding.
- 6) The Board either approves or does not approve the FAC's recommendation, and notifies the FAC of their decision.
- 7) If the recommendation is not approved by the Board, or the FAC determines that the applicant does not qualify for LT Financial Aid based on the factors listed above, the FAC sends applicant a letter of regret, citing reasons as necessary.
- 8) If the recommendation is approved by the Board, or the FAC determines that the applicant does qualify for LT Financial Aid based on the factors listed above, the FAC drafts letter of acceptance/award for the Head of school's approval.
- 9) If the Head approves letter of acceptance/award, FAC finalizes letter and sends to applicant.
- 10) If Head requests changes made to letter of acceptance/award, FAC makes changes, re-submits, and sends to applicant, upon final approval.
- 11) FAC may or may not request personal interviews with applicants. Staff may use Staff Input form to share information that may not be apparent from applicant-completed paperwork.

- 12) Budgeting of Financial Aid is as follows: approximately 75% of available Financial Aid funds will be allocated to Long Term Financial Aid; 20% will be allocated to Short Term Financial Aid, and 5% to Summer.
- 13) FAC will send mid-year (January) financial status questionnaire to all Long Term Financial Aid applicants.

Dear Financial Aid Applicant,

The following pages of paperwork help us to make the best and fairest decisions regarding requests for Long Term Financial Aid.

Because our financial aid is very limited, we must be sure that funds are being allocated in the best possible way. If you are awarded financial aid, we ask that you share with us any changes to your income or family situation immediately. The Financial Aid Committee will also ask you to complete a mid-year (January) financial status questionnaire while you are receiving Financial Aid.

Below 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.
- Family must meet Federal Free/Reduced Lunch Guidelines (see attachment).
- How long has child been enrolled at HMS?
- Does child have any siblings currently enrolled, or siblings previously enrolled?
- The circumstances of the request.
- Other options for funding the child's education (i.e. family, friends, etc.)
- Plans for child if request is not approved.
- Dollar amount requested per month and dollar amount family can contribute.
- Household monthly income and expenses.
- Parental participation in school activities, including child's school attendance, fundraising, and volunteerism through our Share Hours program.
- Input from HMS staff.

Please answer all of the questions on the forms as completely as possible. Sharing your personal financial information can be uncomfortable, and we want you to know that confidentiality in these matters is of the utmost importance to us.

We need a copy of your most recent Federal Income Tax Return

It is the goal of Harmony's Financial Aid Committee to reply to your request in a timely matter. Once we receive your application, we will send you a letter of confirmation within seven days with a date regarding when to expect an answer to your request.

If you have questions or concerns, feel free to contact the Financial Aid Chair or Kim. You can leave a note or email the office.

Harmony Montessori School
Long Term (Over 3 Months) Financial Aid Application

Parent(s) Names: _____

Address: _____

Phone: _____

Email: _____

Child's Name: _____ Child's Birth date: _____

Is child currently enrolled at Harmony? _____ If yes, since when: _____

If not, when do you want to enroll? _____

Are any siblings currently enrolled at Harmony? _____

For current parents: What situation or changes to your personal or financial situation caused you to apply for Financial Aid? For newly applying parents, what is your basic financial situation?

What other options do you have to fund your child's tuition (i.e. family, friends, etc.)?

What are your plans if this request is not approved?

Please feel free to attach a letter if you have more information you would like us to consider in your application.

Schedule, or days/hours you are planning to enroll your child: _____

Annual tuition for that schedule: _____ Monthly: _____

Amount requested per month: \$ _____

Amount you can contribute: \$ _____

Household Gross Income: \$ _____

Number of Household Family Members: _____

**** In order for your application to be complete, you must attach a copy of your recent Federal Income Tax Return.***

Please estimate the dollar amounts in the categories below:

Household Monthly Income		Household Monthly Expenses	
Source	\$ Amount	Source	\$ Amount
Employment		Mortgage/Rent	
Spousal Support		Loan payments	
Child support		Car payment	
AFS or other aid		Water	
Other income		Utilities	
		Food	
		Car insurance	
		Household expenses	
		Other childcare	
		Other:	
TOTAL		TOTAL	

Do you anticipate any changes to your circumstances over the next six months? If yes, please explain:

I certify that the above information is true and correct to the best of my knowledge. I understand that any material changes in household income are required to be immediately disclosed to the HMS Financial Aid Committee.

parent signature

parent signature

date signed

**HMS Long Term Financial Aid
Request Confirmation**

Dear _____,

We received your request for Long Term Financial Aid on:

You can expect a response to your request by:

If you have any questions or concerns, please contact the HMS Financial Aid Committee by leaving a message in the office.

Harmony Montessori School
Staff Input for Financial Aid Applicants

Any information submitted by HMS staff regarding a Long or Short Term Financial Aid applicant will be considered by the Financial Aid Committee, as part of its broader decision-making process.

Staff Name: _____

Child/Family Name: _____

If staff member knows this child or family, please explain your relationship:

What information would you like to share with the FAC regarding this child or family?

-SAMPLE FINAID DECISION LETTER-

April 30, 2010

Dear,

The Financial Aid Committee has reviewed your application for Long Term Financial Aid for _____ during the 2010-2011 school year.

The following terms are what we can offer you at this time:

Days per Week	Applicant Responsibility	HMS Financial Aid
5	\$300.00	\$365.00

The above figures are based on 2010-2011 monthly tuition for a child attending Harmony from 9:00 am to 3:00 pm. The total amount is \$665.00/month or \$6,650.00/year.

We encourage you to bring any concerns or questions you might have about the financial aid amount to us right away, so we can explore all of your options.

Because financial aid is very limited, we must be sure that funds are being allocated in the best possible way. We ask that you share with us any changes to your income or family situation immediately. The Financial Aid Committee will also ask you to complete a mid-year (January) financial status questionnaire while you are receiving Financial Aid.

Please sign and date below if you agree to the terms as stated above.

_____ Date _____

Contact our Financial Aid Committee Chairperson, or stop by the office if you have any questions.

**Mid-Year Long Term Financial Aid Recipients
Financial Status Questionnaire**

Dear _____

You may recall, as part of the financial aid application process, that we request a mid-year (January) review of your financial status. Because financial aid is very limited, we must be sure funds are allocated in the best possible way.

We appreciate your prompt attention to this matter. Please return the completed form and return to the office by _____. The Financial Aid Committee will review the questionnaire and get back to you if there are any changes in your status.

If you have any questions, please call the FAC Chairperson or stop by the office.

Thank you

Have you had any changes to your income status, needs or family situation?

Yes _____ No _____

If yes, please complete the following:

What has changed in your circumstances or income?

Adjusted Household Monthly or Annual Gross Income: \$ _____

Date of change: _____

Change in number of Household Members: _____

Date of change: _____

Is there any other information concerning your circumstances and/or financial status that you should share with us?
