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**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments  | 307549                | 291742          |
| 23 Land and buildings  |                       |                 |
| 24 Other assets (describe in Schedule O)                                       |                       |                 |
| 25 Total assets  | 307549                | 291742          |
| 26 Total liabilities (describe in Schedule O)                                  | 76649                 | 76649           |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 230909                | 215102          |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? \_\_\_\_\_

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

| Line | Description  | 28a   | 29a | 30a | 31a | 32 |
|------|--|-------|-----|-----|-----|----|
| 28   | <b>OPERATIONS OF ENVIRONMENTAL PRE-SCHOOL PROGRAM</b><br>91m to Noon, 5 days a week, 9 months Sept. to June at Wildlife Preserve with Certified Naturalists.<br>Regular Teachers educate students in Academics.<br>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 48865 |     |     |     |    |
| 29   | _____<br>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>   |       |     |     |     |    |
| 30   | _____<br>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>   |       |     |     |     |    |
| 31   | Other program services (describe in Schedule O)<br>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>   |       |     |     |     |    |
| 32   | <b>Total program service expenses</b> (add lines 28a through 31a)  | 48865 |     |     |     |    |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and address   | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| ROSEMARIE WALSH<br>40 ST. JOSEPH DR., STIRLING NJ 07980            | Pres. & Directress,<br>45 hrs.                           | 0  | 0   | 6500                                       |
| PETER WALSH<br>40 ST. JOSEPH DR., STIRLING NJ 07980                | Vice Pres., 25 hrs.                                      | 0  | 0   | 3500                                       |
| KATHLEEN BLAIKLOCK<br>433 KING GEORGE RD., BASKING RIDGE, NJ 07092 | Trustee, 1 hr.   | 0  | 0   | 0  |
| MARY ELLEN KEARNS<br>2838 DURHAMMER RD., BATH, PA 18014            | Trustee, 1 hr.   | 0  | 0   | 0  |
| SUSAN WALSH<br>37 CLUB DR., SUMMIT, NJ, 07901                      | Trustee, 1 hr.   | 0  | 0   | 0  |
| CAROLE RAY<br>21 ARRIGHI DR., WARREN, NJ, 07059                    | Trustee, 1 hr.   | 0  | 0   | 0  |
| KAREN WESTPHAL<br>60 BROOKLAKE DR., MADISON, NJ 07940              | Trustee, 1 hr.   | 0  | 0   | 0  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

Yes No
46

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a

b If "Yes," was the related organization a section 527 organization? . . . . .

49b

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."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000 . . . . . 0

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."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Row 1 contains 'NONE'.

d Total number of other independent contractors each receiving over \$100,000 . . . . . 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . Yes No

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

Sign Here: Signature of officer (Peter Walsh), Date (May 2, 2012), Type or print name and title (PETER WALSH, Vice President)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

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

**2011**

**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

**ENVIRONMENTAL MONTESSORI SCHOOL**

Employer identification number

**222441867**

**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)(vii)**. (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 U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
| (A)                                |          |   |   |    |  |    |   |    |                         |
| (B)                                |          |   |   |    |  |    |   |    |                         |
| (C)                                |          |   |   |    |  |    |   |    |                         |
| (D)                                |          |   |   |    |  |    |   |    |                         |
| (E)                                |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

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

**Schools**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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.

Name of the organization

Employer identification number

**ENVIRONMENTAL MONTESSORI SCHOOL**

**222441867**

**Part I**

|       |   | 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?   | ✓   |    |
| 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?  | ✓   |    |
| 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 Part II | ✓   |    |
| ----- |   |     |    |
| ----- |   |     |    |
| 4     | Does the organization maintain the following?   |     |    |
| a     | Records indicating the racial composition of the student body, faculty, and administrative staff?   | ✓   |    |
| b     | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?   | ✓   |    |
| c     | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?   | ✓   |    |
| d     | Copies of all material used by the organization or on its behalf to solicit contributions?<br>If you answered "No" to any of the above, please explain. If you need more space, use Part II.  | ✓   |    |
| ----- |   |     |    |
| ----- |   |     |    |
| 5     | Does the organization discriminate by race in any way with respect to:  |     |    |
| a     | Students' rights or privileges?   |     | ✓  |
| b     | Admissions policies?  |     | ✓  |
| c     | Employment of faculty or administrative staff?  |     | ✓  |
| d     | Scholarships or other financial assistance?   |     | ✓  |
| e     | Educational policies?   |     | ✓  |
| f     | Use of facilities?  |     | ✓  |
| g     | Athletic programs?  |     | ✓  |
| h     | Other extracurricular activities?<br>If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  |     | ✓  |
| ----- |   |     |    |
| ----- |   |     |    |
| 6a    | Does the organization receive any financial aid or assistance from a governmental agency?   |     | ✓  |
| b     | Has the organization's right to such aid ever been revoked or suspended?<br>If you answered "Yes" to either line 6a or line 6b, explain on Part II.   |     | ✓  |
| 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 Part II.   | ✓   |    |

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open To Public Inspection**

Name of the organization

**ENVIRONMENTAL MONTESSORI SCHOOL**

Employer identification number

**222441867**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|-----|---------------------------------|--------------------------------|----------------|----|
|     |                                 |                                | Yes            | No |
| (1) |                                 |                                |                |    |
| (2) |                                 |                                |                |    |
| (3) |                                 |                                |                |    |
| (4) |                                 |                                |                |    |
| (5) |                                 |                                |                |    |
| (6) |                                 |                                |                |    |

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (1) (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|   | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (1) PETER WALSH                               | ✓                                     |      | 31640                         | 31640           |                 | ✓  | ✓                                   |    | ✓                      |    |
| (2)   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)  |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b>                                  |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (1) (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-----------------------------------|---|-----------------------------------|
| (1)                               |   |                                   |
| (2)                               |   |                                   |
| (3)                               |   |                                   |
| (4)                               |   |                                   |
| (5)                               |   |                                   |
| (6)                               |   |                                   |
| (7)                               |   |                                   |
| (8)                               |   |                                   |
| (9)                               |   |                                   |
| (10)                              |   |                                   |