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132001 01-23-12

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

Inspection

OMB No 1545-0047

A For the 2011 calendar year, or tax year beginning JUL 2011 and ending JUN 30, C Name of organization Check if D Employer identification number Address change WALNUT FARM MONTESSORI SCHOOL, Doing Business As 71-0828503]initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-4208 E CENTRAL AVE 479-271-9424 City or town, state or country, and ZiP + 4 1,035, G Gross receipts \$ 'Applica-iticn BENTONVILLE, AR 72712 H(a) Is this a group return pendina F Name and address of principal officer. TERRI WEISSER for affiliates? Yes X No 10 AINSDALE LN, BELLA VISTA, AR H(b) Are all affiliates included? ∐Yes L No Tax-exempt status: X 501(c)(3) 527 」501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.WALNUTFARMMONTESSORI.COM H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1999 M State of legal domicile: AR Part L Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AN AUTHENTIC

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AN AUTHENTIC Activities & Governance MONTESSORI EDUCATION TO CHILDREN AGES 18 MONTHS TO 12 YEARS, Check this box i if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 8 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 4 4 5 28 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 22*.*307. 147*.*951. Revenue 9 870,026. Program service revenue (Part VIII, line 2g) 816,993. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,559. <u>1,292.</u> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 36,380 53,274. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 930,272. 019,510. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Fart IX, column (A), line 4) 0. 0. 517,943. 598,370. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part iX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 14-24e), 279,329 280,085. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 797,272 878,455. Revenue less expenses. Subtract line 18 from line 12 NOV 1 9 2012 133,000. 141,055. 56 **Beginning of Current Year** End of Year Taxpayer Services 20 Total assets (Part X, line 16) 1,600,458 738,183. 21 Total liabilities (Part X, line 26) 072,096. 140,534. Net/ Net assets or fund balances Subtract line 21 from line 20 528,362. 597,649 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Lil Signature of officer Sign TERRI WEISSER, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer \$50 Paid GEORGE T. KITCHENS, III CGEORGE т. KITCHENS. IN1/12/12 P00295246 self-employed ▶ STAFFORD & WESTERVELT Preparer CHARTERED Firm's EIN 48-0863477 **Use Only** Firm's address 107 S. MAIN Phone no. 479-273-2469 BENTONVILLE, AR 72712 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

1-23-12 LHA For Paperwork Reduction Act Notice, see the separation must be seen as the separation of the separation of the seen as the see LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

	990 (2011) WALNUT FARM MONTESSORI SCHOOL, INC. /1-0828	3503 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Bnefly describe the organization's mission.	
	TO PROVIDE AN AUTHENTIC MONTESSORI EDUCATION TO CHILDREN AGES 1	.8
	MONTHS TO 12 YEARS, EMPOWERING THEM FOR LIFE-LONG LEARNING.	
		<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on	
	the pnor Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	evnenses
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	
	1111	cations to
4-	others, the total expenses, and revenue, if any, for each program service reported.	818,285.)
4a	(Code) (Expenses \$ 790,611. including grants of \$) (Revenue \$)	
	WALNUT FARM MONTESSORI SCHOOL WELCOMES CHILDREN AGES 18 MONTHS	
	FROM DIVERSE BACKGROUNDS, ABILITIES, RELIGIONS, RACES, AND CULT	
	OUR SCHOOL COMMUNITY INCLUDES FAMILIES FROM BENTONVILLE, ROGERS	
	LOWELL, SPRINGDALE, FAYETTEVILLE, CENTERTON, GRAVETTE, GARFIELI	
	BELLA VISTA, ARKANSAS. IN ADDITION TO A FULL MONTESSORI CURRIC	CULUM, WE
	PROVIDE A VARIETY OF ENRICHMENT PROGRAMS AND ACTIVITIES TO OUR	
	STUDENTS. MUSIC, ART AND SPANISH INSTRUCTION ARE PRESENTED IN	ALL
	CLASSES. OUR ELEMENTARY STUDENTS ATTEND PERFORMANCES AT LOCAL	ART
	CENTERS AND VISIT OTHER AREA BUSINESSES AND SITES OF INTEREST	
	THROUGHOUT THE YEAR.	
4b	(Code) (Expenses \$	
	/ (Novelide 4 / Induding grains of 4 / Industries 4	······································
		· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$)
		
		·
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 790,611.	
		Form 990 (2011)

Form 990 (2011) WALNUT FARM MONTESSORI SCHOOL, INC.

Part IV | Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	_ <u>X_</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	<u>X</u>	
3	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	_3_		_X_
4	Section 501(c)(3) organizations. 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	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	ļ <u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		**	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			177
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	44.1		.
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's separate or consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	444		x
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
120	Schedule D, Parts XI, XII, and XIII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		A_
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_x_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2011)

Form 990 (2011) WALNUT FARM MONTES
Part IV Checklist of Required Schedules (continued)

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25a Section disqual disqual by Is the that the Schede 26 Was a person 27 Did the contril of any 28 Was the instruction of a A current head A farm contril and Did the contril 31 Did the If "Yes	tion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a ualified person during the year? If "Yes," complete Schedule L, Part I e organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete edule L, Part I is a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25a		х
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that the Sched Sched Was a person 27 Did the contril of any 28 Was the instruction A current A fam c An enderection Did the contril 31 Did the scheduler of the	the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i> edule L, Part I a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
Sched 26 Was a person 27 Did th contril of any 28 Was ti instruct a A curr b A fam c An en directe 29 Did th contril 30 Did th form	edule L, Part I a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b	1	ĺ
26 Was a person	a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		х
persoi The person The person				
27 Did the contril of any 28 Was the instruction A farm c An endirection 29 Did the contril 31 Did the lif "Yes	on obtaining do or the originization's tax year. If Tes, complete deficable 2, I art if	26		x
contril of any 28 Was ti instruct a A curr h A fam c An en directe 29 Did th 30 Did th contri 31 Did th // "Yes	the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		 	
of any 28 Was ti instruct a A curr h A fam c An en directe 29 Did th contri 31 Did th lf "Yes	inbutor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
28 Was the instruction of the control of the contro	ny of these persons? If "Yes," complete Schedule L, Part III	27		х
a A curr h A fam c An en directe 29 Did th 30 Did th contri 31 Did th // "Yes	the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	121		
a A curr h A fam c An en directe 29 Did th 30 Did th contri 31 Did th // "Yes	uctions for applicable filing thresholds, conditions, and exceptions).			l
h A fam c An en directe 29 Did th 30 Did th contri 31 Did th // "Yes	irrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
c An enderected directed 29 Did the control 31 Did the lift "Yes	mily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	X
directo 29 Did th 30 Did th contri 31 Did th If "Yes	entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	<u> </u>	
 29 Did th 30 Did th contri 31 Did th If "Yes 	ctor, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
30 Did the contril 31 Did the If "Yes	the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
contri 31 Did th If "Yes	the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31 Did th	tributions? If "Yes," complete Schedule M	30	1	X
If "Yes	the organization liquidate, terminate, or dissolve and cease operations?	- 55		
	es, " complete Schedule N, Part I	31		X
	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Sched	edule N, Part II	32		X
33 Did th	the organization own 100% of an entity disregarded as separate from the organization under Regulations			
sectio	tions 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	the organization related to any tax-exempt or taxable entity?			
If "Yes	es, ° complete Schedule R, Parts II, III, IV, and V, line 1	34	ļ	Х
	the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35b	L	X
	the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	36		X
	the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of tion 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
	the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of tion 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 tion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
	the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of tion 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 tion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Yes," complete Schedule R, Part V, line 2	37		
Note.	the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of tion 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 tion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Ses," complete Schedule R, Part V, line 2 the organization conduct more than 5% of its activities through an entity that is not a related organization	37	1	1

71-0828503 WALNUT FARM MONTESSORI SCHOOL, Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 28 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has t filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b X 14a

12a

13a

11a

11b

12b

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing] }		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	з		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<u> </u>		
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		_x_
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		·	
17	List the states with which a copy of this Form 990 is required to be filed ►AR	•		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and records of the person who person of the person who person of the person of the person of the person who person of the per	tion [.]	•	
	WALNUT FARM MONTESSORI SCHOOL - 479-271-9424			
	4208 E CENTRAL AVE BENTONVILLE AR 72712			

Form 990 (2011)	WALNUT	FARM	MONTESSORI	SCHOOL.	INC.	71-0828503
				D 01100-1		, <u> </u>

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

Check if Schedule O contains a response to any question in this Part VII

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

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

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TERRI WEISSER										
PRESIDENT	0.00	X	<u> </u>	X		<u> </u>		0.	0.	0 .
(2) KERI WILKINSON			1	l				_	_	
VICE PRESIDENT	0.00	X	<u> </u>	X	_	1		0.	0.	0
(3) JESSICA CERRA-CAPLAN				<u>.</u> _					_	_
SECRETARY	0.00	X		X	<u> </u>	₩		0.	0.	0.
(4) JUDY BLAHUT	40.00							F0 454		_
HEAD OF SCHOOL	40.00	X	 		_	-		52,451.	0.	0
(5) STEPHEN BURWELL	0.00							_		•
TRUSTEE	0.00	X			_	-		0.	0.	0
(6) TYLER CRAWFORD	0.00							•	_	•
TRUSTEE	0.00	X	⊢		┢	-	-	0.	0.	0
(7) SARAH CORBIN	0.00	.				1		^	•	
TRUSTEE	0.00	X	├				_	0.	0.	0
(8) NICK SANTOLERI TRUSTEE	0.00	x						0.	0.	0
(9) CHAD SMITH	0.00	^	┢				-	<u> </u>	<u></u>	<u> </u>
TRUSTEE	0.00	X						0.	0.	0
						_				
		_				_				
	ı	1	1	I	1	1	1			

Page 7

1b Sub-total

d Total (add lines 1b and 1c)

Section B. Independent Contractors

c Total from continuation sheets to Part VII, Section A

line 1a? If "Yes," complete Schedule J for such individual

rendered to the organization? If "Yes," complete Schedule J for such person

compensation from the organization

Part VII | Section A.

(A)

Name and title

Institutional trustee

(C)

Position

(do not check more than one

box, unless person is both an officer and a director/trustee) (D)

Reportable

from

the

organization

(B)

Average

hours per

week

(describe

hours for

related

organizations ın Schedule O)

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

71-0	828	<u>503</u>	Pa	age 8
es (continued)				
(E)			(F)	
Reportable		Es	timate	ed
compensation			nount	
from related			other	
organization		com	pensa	tion
(W-2/1099-MIS			om th	
(44-271099-1411)	30)			
		_	anızat	
			d relat	
		orga	anızatı	ons
	-			
				_
· · ·	_			
	0.			<u> </u>
	0.			<u>0.</u>
	0.			0. 0.
,000 of reportab	le			
•				0
			Yes	No
malauga				
nployee on				
		3_	_	X
he organization				
		4		Х
dual for services				
Julia 101 00111000	•	_		x
		5	٠	
<u> </u>				
\$100,000 of cor	npens	ation	from	
ear				
		((C)	
ervices	_ C	ompe		n

Complete this table for your five highest compensated independent contractors that received more than the organization. Report compensation for the calendar year ending with or within the organization's tax y (A) Description of se Name and business address NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

WALNUT FARM MONTESSORI SCHOOL, INC. 71-0828503 Form 990 (2011) Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Related or Unrelated Total revenue exempt function business tax under sections 512, revenue revenue 513, or 514 Gifts, Grants ilar Amounts 1 a Federated campaigns 1a b Membership dues 1b Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 147,951 similar amounts not included above 99,525. 9 Noncash contributions included in lines 1a-1f \$ 147,951 h Total. Add lines 1a-1f Business Code 2 a TUITION FEES 702,263 702,263. Program Service Revenue 611710 ь CHILD CARE 624410 94,823. 94,823. c ENROLLMENT FEES 611710 11,192. 11,192. d MATERIALS FEES 611710 3,105. 3,105. 2,858. 611710 e PRIMARY TRANS INCOME 2,858. 2,752. 611710 2,752. f All other program service revenue 816,993. g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1,292. 1,292. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 69,069 15,795 b Less: direct expenses 53,274. 53,274. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 а b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold

Business Code

1019510.

818,285

11 a b

> d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

c Net income or (loss) from sales of inventory Miscellaneous Revenue

0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	e to any guestion in the	Part IV		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	52,451.	47,206.	5,245.	
6	Compensation not included above, to disqualified			ľ	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	477,088.	429,379.	47,709.	
8	Pension plan accruals and contributions (include	ļ			
	section 401(k) and section 403(b) employer contributions)	15,712.	14,141.	1,571.	
9	Other employee benefits	9,419.	8,477.	942.	
10	Payroll taxes	43,700.	39,330.	4,370.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	928.	835.	93.	
С	Accounting	2,292.	2,063.	229.	
d	Lobbying				<u></u>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10.000			
g	Other	12,326.	11,094.	1,232.	
12	Advertising and promotion	5,743.	5,169.	574.	
13	Office expenses	7,097.	6,387.	710.	
14	Information technology	6,511.	5,860.	651.	
15	Royalties	24 000	20 650	- 400	
16	Occupancy	34,080.	30,672.	3,408.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 702	0.420	0.70	
19	Conferences, conventions, and meetings	2,702.	2,432.	270.	
20	Interest	26,514.	23,863.	2,651.	
21	Payments to affiliates . Depreciation, depletion, and amortization	24 400	22 020	2 440	
22 23	Insurance	24,488. 9,202.	22,039. 8,282.	2,449.	
23 24	Other expenses. Itemize expenses not covered	3,202.	0,202.	940.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		ļ		
а	STAFF DEVELOPMENT	42,942.	38,648.	4,294.	
b	SUPPLIES	34,587.	31,128.	3,459.	- · · · · · · · · · · · · · · · · · · ·
c	UTILITIES	16,513.	14,862.	1,651.	
d	JANITORIAL & PEST CONTR	13,899.	12,509.	1,390.	
	All other expenses	40,261.	36,235.	4,026.	
25	Total functional expenses. Add lines 1 through 24e	878,455.	790,611.	87,844.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Par	t X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			63,736.	1	201,892.
	2	Savings and temporary cash investments			537,387.	2	382,036.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			355,233.	4	293,149.
	5	Receivables from current and former officers, di	rectors, t	rustees, key			
		employees, and highest compensated employee	es Comp	olete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined (under section	· · · · · · · · · · · · · · · · · · ·		
		4958(f)(1)), persons described in section 4958(c))(3)(B), ar	nd contributing			
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instru	ctions)			6	
Assets	7	Notes and loans receivable, net	·	Ī		7	
Ass	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	2,723.
	10a	Land, buildings, and equipment, cost or other		Ì			
		basis Complete Part VI of Schedule D	10a	1,010,317.			
	ь	Less: accumulated depreciation	10b	251,459.	644,102.	10c	758,858.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12	99,525.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	•	ļ		14	
	15	Other assets. See Part IV, line 11		ļ		15	
	16	Total assets. Add lines 1 through 15 (must equi	al line 34) [1,600,458.	16	1,738,183.
•	17	Accounts payable and accrued expenses			1,159.	17	1,302.
	18	Grants payable	Ī		18		
	19	Deferred revenue	588,014.	19	681,216.		
	20	Tax-exempt bond liabilities	Ī		20	30,0,00	
တ္က	21	Escrow or custodial account liability Complete I	Schedule D		21		
Liabilities	22	Payables to current and former officers, director					
abi		highest compensated employees, and disqualifi					
		of Schedule L	•	,		22	
	23	Secured mortgages and notes payable to unrela	ated third	parties	482,923.	23	458,016.
	24	Unsecured notes and loans payable to unrelated		· -		24	
	25	Other liabilities (including federal income tax, pa		T			
		parties, and other liabilities not included on lines	-				
		Schedule D	•	·		25	
	26	Total liabilities. Add lines 17 through 25			1,072,096.	26	1,140,534.
		Organizations that follow SFAS 117, check he	ere 🕨	and complete			
S		lines 27 through 29, and lines 33 and 34.					
ğ	27	Unrestricted net assets				27	
ala	28	Temporarily restricted net assets	•			28	
D D	29	Permanently restricted net assets		29			
5		Organizations that do not follow SFAS 117, cl	heck her	re 🕨 🗓 and			
<u>5</u>		complete lines 30 through 34.					
sts	30	Capital stock or trust principal, or current funds			0.	30	0.
SS	31	Paid-in or capital surplus, or land, building, or ed	uipment	fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			528,362.		597,649.
ž	33	Total net assets or fund balances			528,362.		597,649.
	34	Total liabilities and net assets/fund balances	•		1,600,458.	34	1,738,183.
					_, , 1301		Form 990 (2011)

Form **990** (2011)

	990 (2011) WALNUT FARM MONTESSORI SCHOOL, INC.	71-	0828503	Pag	ge 12		
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,01	9,5	10.		
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52	3,3	62.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			68.		
6	6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6						
Pa	t XII Financial Statements and Reporting	-			<u>49.</u>		
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990. Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a							
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	İ				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	ıt				
	Act and OMB Circular A-133?		3a		х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	ıt				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		[

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 cr 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011

Open to Public Inspection

Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2011

<u> </u>		WALNUT	FARM MONTESS	ORI S	CHOOL	, INC	•		71	-0828	<u>503</u>	
Part I			ity Status (All organiz					tructions		 		
The orga			because it is: (For lines 1	_		-	•					
1	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).				
2 🔀	l l		0(b)(1)(A)(ii). (Attach Sc	-								
3 🖳	<u> </u>		tal service organization (
4 📖	A medical re	search organization o	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's name	₽,
_	city, and stat											
5 📖		ion operated for the lack)(1)(A)(iv). (Comple	benefit of a college or ur ete Part II)	niversity ov	wned or op	erated by	a governi	mental uni	t describe	d ın		
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 🗀			ection 170(b)(1)(A)(vi).	(Complete	Part II \							
9 🗀	ľ		eives: (1) more than 33			rom contri	hutiana ir	nomborob.	n food on	d araaa ra	acinta f	
•										_		
			nctions - subject to certa axable income (less sect							-		
		509(a)(2), (Complete		liononia	ix) irom bu	sinesses a	rcdairea p	y trie orga	nization a	rter June 3	0, 197	Э.
10 🔲			perated exclusively to te	at for publ	io oofotii S	`aa aaasia	- 500/-1/	• • •				
11 🖂								-				
''			perated exclusively for the									r
			itions described in section organization and complete in the c). See sec	Stion 509(a)(3). One	ck the box	tnat	
	a Type		-		e III - Func		oaratad			Tune III. C	N	
е 🗀			t the organization is not			-	-			Type III - C		
-			han one or more publicly									1
f									9(a)(1) or s	ection 509	(a)(2).	
•			ten determination from t	ine ino ina	atitis a Ty	pe i, Type	ii, or Type)				
~		rganization, check th				£	-646-11					L
g			rganization accepted ar			=						
		-	rectly controls, either al	one or tog	ether with	persons c	iescribea	ın (II) and (III) below,	44.40	Yes	No
	=		upported organization?							11g(i)		
		•	n described in (i) above?		- 0					11g(ii)		
_	1 1	•	person described in (i) o	* *						11g(iii)	LL	
h	Provide the t	ollowing information	about the supported or	ganizationi 	(S).							
(i) Nam	e of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you		(vi) Is	the	(vii) An	nount of	
	ganization	` '	organization (described on lines 1-9		sted in your			organizátic (i) organiz	on in col. ed in the		port	
			above or IRC section	governing	document?	(i) of you	support?	`´ ~U.S	.?		•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<u> </u>				<u>[</u>				
											-	
						-						
				<u> </u>								
Total			l	1	1		l	!				

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011						Page 2
Part II Support Schedule for O	_					/i)
(Complete only if you checked				n failed to qualify	under Part III. If the	organization
fails to qualify under the tests in	sted below, plea	ase complete Part	····)			
Section A. Public Support		ή.	1			
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")		 				
2 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities					 	
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3		 				
5 The portion of total contributions		, <u>-</u>			 	
by each person (other than a						
governmental unit or publicly				1		
supported organization) included				1		
on line 1 that exceeds 2% of the						
amount shown on line 11,				,		
column (f)						
6 Public support. Subtract line 5 from line 4					<u> </u>	
Section B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in) ► 📗	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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				<u> </u>		
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			.	<u> </u>	1.0	
12 Gross receipts from related activities, e	•	•			12	-
13 First five years. If the Form 990 is for t organization, check this box and stop I		s iirst, secona, thii	ra, iourth, or fifth to	ax year as a secti	on 501(c)(3)	▶□
Section C. Computation of Public		ercentage	-			
14 Public support percentage for 2011 (lin	e 6, column (f) c	livided by line 11,	column (f))		14	9/
15 Public support percentage from 2010 S	Schedule A, Pari	t II, line 14			15	%
16a 33 1/3% support test - 2011. If the org	ganization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	x and
eton here. The organization qualifies as	e a publicki supr	norted ergenization	-			

ation qualifies as a publicly supported organization

b 33 1/3% support test - 2010. 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

17a 10% -facts-and-circumstances test - 2011. 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

b 10% -facts-and-circumstances test - 2010. 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

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

Schedule A (Form 990 or 990-EZ) 2011 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 or if the organization failed to qualify under Part II If the organization fails to

Sec	ction A. Public Support	now, please comp	Diete Fartit.)			- 	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t) 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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
10:	g Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b					 	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)		<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	the organization	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organı	zation,
<u></u>	check this box and stop here	in Cumpart De					
	ction C. Computation of Publ					Tan I	
15	., ,	• •	· ·	column (t))		15	%
<u>16</u>	Public support percentage from 2010 ction D. Computation of Investigation			·		16	%
						17	
	Investment income percentage for 20 Investment income percentage from 20			irie 13, column (I))	•	18	%
18	a 33 1/3% support tests - 2011. If the			on line 14, and lin	a 15 is mara than	<u> </u>	
19	more than 33 1/3%, check this box a	•		•			,, is not
	b 33 1/3% support tests - 2010. If the			· · · · · · · · · · · · · · · · · · ·	- · · ·		and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			· ·		-	▶□

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

Da	WALNUT FARM MONTESSORI		71-0828503
Par		as or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the		
	are the organization's property, subject to the organization's exclusive	-	. Yes No
6	Did the organization inform all grantees, donors, and donor advisors	•	
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose con	
B	Impermissible private benefit?		Yes No
Par			IV, line 7
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (e.g., recreation or education	· —	• •
	Protection of natural habitat	Preservation of a certified	I historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con-	servation contribution in the form of a	conservation easement on the last
	day of the tax year.		
	T. 1		Held at the End of the Tax Year
a	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easements		_2b
C	Number of conservation easements on a certified historic structure in	• •	2c
d	Number of conservation easements included in (c) acquired after 8/1	7/05, and not on a historic structure	
3	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, year	extinguished, or terminated by the org	ganization during the tax
4	Number of states where property subject to conservation easement	s located	
5	Does the organization have a written policy regarding the periodic mo		
·	violations, and enforcement of the conservation easements it holds?	• •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enf		
7	Amount of expenses incurred in monitoring, inspecting, and enforcin		
8	Does each conservation easement reported on line 2(d) above satisf		
	and section 170(h)(4)(B)(ii)?	,,	Yes No
9	In Part XIV, describe how the organization reports conservation ease	ments in its revenue and expense sta	
	include, if applicable, the text of the footnote to the organization's fir		
	conservation easements.		
Pai	t III Organizations Maintaining Collections of Art, I	Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Pa	rt IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes the	se items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education	n, or research in furtherance of public	service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures,	or other sımılar assets for financıal ga	
	the following amounts required to be reported under SFAS 116 (ASC	958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

		FARM MONTE						_	<u> 28503</u>	
Par										
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	are a sigi	nificant u	se of its	collection i	ems
	(check all that apply):									
а	Public exhibition	d	ı 🔲 ı	Loan or excl	nange progra	ms				
b	Scholarly research	е	. 🖂	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ey further th	ne organizatio	n's exem	ot purpo	se in Parl	XIV.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	er sımılar a	ssets			
	to be sold to raise funds rather than to be ma	untained as part of t	the organ	nization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	Yes" to Fe	orm 990,	Part IV, I	ıne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other as:	sets not in	cluded			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing t	table.						
		•	ŭ						Amount	
С	Beginning balance						1c	•		
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	No
	If "Yes," explain the arrangement in Part XIV	· · · · · · · · · · · · · · · · · · ·								
Par		the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10		-	,	
	•	(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears back
1a	Beginning of year balance			1						
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
Ŭ	and programs					ł				
f	Administrative expenses									
g	End of year balance				i					
2	Provide the estimated percentage of the curr	ent year end balance	ce (line 1	a. column (a	a)) held as.					
- а	Board designated or quasi-endowment	om your one burn.	%	9, 00.0 (0	.,,					
b	Permanent endowment ▶	%								
	Temporarily restricted endowment	%								
•	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	red for the	organiz	ation		
	py.			,			3		ΓŶ	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	\top
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?	•				3b	
4	Describe in Part XIV the intended uses of the	•							L # 7 - L	
Pa	t V! Land, Buildings, and Equipm									
	Description of property	(a) Cost or o		· -	or other	(c) Acc	umulate	ed	(d) Book	value
	F F. F V	basis (invest			(other)		eciation		***	
1a	Land		i -	+	0,537.				90	,537.
b	Buildings			†	0,000.	1	18,6	03.		$\frac{7397.}{}$
c	Leasehold improvements		-	†	9,497.		26,9			,530.
d	Equipment				3,607.		81,3			$\frac{735}{,235}$.
	Other .				6,676.		24,5			$\frac{7253}{159}$.
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Pari	t X, colur					ightharpoonup		,858.

	t XI Reconciliation of Change in Net Assets from Form 990 to	OOL, INC Audited Fin	ancial State	71-082850 ements	3 Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities	•	5		
6	Investment expenses	•	6	 	
7	Prior period adjustments	•	7		
8	Other (Describe in Part XIV)	•	8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10		
	t XII Reconciliation of Revenue per Audited Financial Stateme			Return	
1	Total revenue, gains, and other support per audited financial statements	_, , - , ,	•	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
-	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
c	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d		7	
J	Add lines 2a through 2d			7 2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		-	
c	Add lines 4a and 4b	1		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Ex	penses per		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		7	
c	Other losses	2c		7	
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			7 2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	•			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		7	
	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	t XIV Supplemental Information				•
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II e 2; Part XI, line 8; Part XII, lines 2d and 4b Also comp				
		<u>.</u>			· · · · · · · · · · · · · · · · · · ·

SCHEDULE E

(Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

WALNUT FARM MONTESSORI SCHOOL, INC.

Employer identification number 71-0828503

Pa	t1		T	
			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?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		İ	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	i		}
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes	Ì		
	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	3	X	
ļ	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	_
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	١.	.,	
	admissions, programs, and scholarships?	4c	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 Part II.	4d	X	
,	Does the organization discriminate by race in any way with respect to]	
а	Students' rights or privileges?	<u>5a</u>		X
b	Admissions policies?	5b	ļ	X
С	Employment of faculty or administrative staff?	5c	ļ	X
d	Scholarships or other financial assistance?	<u>5d</u>	₩	X
е	Educational policies?	5e	ļ	X
f	Use of facilities?	5f	<u> </u>	X
g	Athletic programs?	<u>5g</u>	ļ	X
h	Other extracurricular activities?	5h	ļ	X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
_				
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b	ـ	X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
,	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	7	X	1

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

Schedule E (Form 990 or 990-EZ) (2011)

Schedule E	(Form 990 or 990-E	Z) (2011) WALNUT	FARM	MONTESSORI	SCHOOL,	INC.	<u>71-0828503</u>	Page 2
Part II	Supplementa	Z) (2011) WALNUT I Information. Con	plete this	s part to provide the ex	xplanations requ	ared by Part I, line	s 3, 4d, 5h, 6b, and 7,	
	as applicable. Als	o complete this part to	provide a	any other additional in	formation	,,	,	
								
		•						
						<u> </u>		
			_					
							,	
				 				
				· · · · · · · · · · · · · · · · · · ·				
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							_ 	
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	·					· · · · · · · · · · · · · · · · · · ·		
								

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open To Public Inspection

name of the organization WALNUT F	ARM MONTESSORI SC	HOO	L.	INC.	71-0828	503
	Complete if the organization answe					
Indicate whether the organization raise Mail solicitations Internet and email solicitations Phone solicitations In-person so	e Solicitat f Solicitat g Special oral agreement with any individual rt VII) or entity in connection with p iduals or entities (fundraisers) pursi	tion of tion of fundra (includ	non-g gover using ding o donal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			,
		_				
		_				
<u>otal</u>			<u> </u>			
3 List all states in which the organization or licensing.	is registered or licensed to solicit (contrib	ution	s or has been notified	it is exempt from re	egistration

Sch Pa	edu	le G (Form 990 or 990-EZ) 2011 WALNUT	FARM MONTESS	ORI SCHOOL,	INC. 71-	0828503 Page 2
1.0		Fundraising Events. Complete if the of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ART			(add col. (a) through
			EXPERIENCE (overt type)	(overt type)	(total number)	col (c))
nue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	59,792.		9,277.	69,069.
	2	Less ⁻ Chantable contributions				
	3	Gross income (line 1 minus line 2)	59,792.		9,277.	69,069.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	10,511.	_	5,284.	15,795.
	10	Direct expense summary Add lines 4 through			>	(15,795)
Pa	ırt			990 Part IV line 19 or i	reported more than	53,274.
		\$15,000 on Form 990-EZ, line 6a.		000,1 41117, 11110 10, 01	ropertod moro trian	
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4) =90	bingo/progressive bingo	(o) outer garring	col. (a) through col (c))
-Be	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Noncash prizes .				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		•	()
_	8_	Net gaming income summary. Combine line	1, column d. and line 7		•	
						· · · · · · · · · · · · · · · · · · ·
		ter the state(s) in which the organization opera	· · · —			
		the organization licensed to operate gaming action," explain.			•	Yes No
•	 	Tto, Capitalii.	·			
		ere any of the organization's gaming licenses re Yes," explain:	-	_	-	Yes No

Sch	edule G (Form 990 or 990-EZ) 2011 WALNUT FARM MONTESSORI SCHOOL, INC. 71-0828503 Page 3
	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
	The organization's facility
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
	of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party.
	Name
	Address
16	Gaming manager information
	Name >
	Gaming manager compensation > \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year > \$
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)
_	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Name of the organization

WAI.NITT FARM MONTESCORT SCHOOL. TNC

Employer identification number

	WALNUT FARM	MONTES	SORI SCHO	OL, INC.	71-0	8285	03	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of de noncash contribu	etermıniı		s
1	Art · Works of art				<u> </u>			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	-						
6	Cars and other vehicles							
7	Boats and planes		<u> </u>					
8	Intellectual property	V	1	00 525	ND/CE			
9	Securities - Publicly traded	X	1	99,525.	NYSE			
10	Securities - Closely held stock		-					
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -	,						
13	Historic structures	1						
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate · Commercial							-
17	Real estate · Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other ()							
27	Other • ()							
28	Other (ļ <u></u>					
29	Number of Forms 8283 received by the organi		-					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			- 1	
							Yes	No
30a	During the year, did the organization receive b	-					ŀ	
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	npt purposes for	1		
_	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.		animan Aba na wasan	ad anni ann abhaidhead a cataile				•
31	Does the organization have a gift acceptance					31		X
32a	·	or related o	rganizations to soli	icπ, process, or sell noncash				3.7
L	contributions?	٠			•	32a		_X_
	If "Yes," describe in Part II	antuma (s)	for a tuna of are-	rtu far udajah ashirms (s) := ==	andrad			
33	If the organization did not report an amount in	column (c)	ior a type of prope	rty for which column (a) is cr	ieckea,			

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

OMB No 1545-0047 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Inspection

WALDUT FARM MONTESSORI SCHOOL, INC. 71-0828503
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EMPOWERING THEM FOR LIFE-LONG LEARNING.
FORM 990, PART VI, SECTION B, LINE 11: A COMPLETED DRAFT OF THE 990 WAS
PROVIDED TO THE BOARD FOR REVIEW BEFORE THE 990 WAS FINALIZED. THE
PRESIDENT LET THE PREPARER KNOW OF ANY CHANGES THAT NEEDED MADE. THE
ORGANIZATION ASKED FOR AND WAS PROVIDED TWO COPIES OF THE FINAL 990.
FORM 990, PART VI, SECTION C, LINE 19: WALNUT FARM MONTESSORI SCHOOL MAKES
ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
UPON REQUEST. THERE IS A BOOK IN THE OFFICE THAT CONTAINS THESE DOCUMENTS
AND CAN BE VIEWED BY ANYONE UPON REQUEST. PARENTS WITH CHILDREN ATTENDING
WALNUT FARM MONTESSORI SCHOOL ARE MADE AWARE OF THIS AT THE BEGINNING OF
EACH SCHOOL YEAR.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
PRIOR PERIOD ADJUSTMENTS: PRIOR YEAR REVENUE OVERSTATED -71,768.
·

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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Asset	Description	Date Acquired	Method	Life	No o	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS		- 4.1.									
_	BUILDING * 990 PAGE 10 TOTAL	100804ADS		40.0017	17	.000,009	•		.000,009	103,219.		15,384.
	NGS					.000,009		0	.000,009	103,219.	0	15,384.
	OTHER											
(1)	2GREENHOUSE	102803200DB5.0	200DB	0	17	1,089.		545.	544.	544.		0.
m	IMP-MAIN	090102SL		39.0017	17	48,598.			48,598.	10,956.		1,246.
7	ı	082903SL		39.00	17	2,261.		-	2,261.	457.		58.
u)	5г.гентѕ	102606SL		39.0017	17	2,856.			2,856.	345.		73.
9	6FURNITURE	080199200DB7.00	200DB		17	7,871.			7,871.	7,871.	•	0.
r-	7FURNITURE	080502200DB7.0	200DB	0	17	2,896.	-	869.	2,027.	2,027.		0
ω	RTABLES FOR ACADEMY	090402200DB7	200DB	00.	17	972.		292.	680.	.089		0.
o)	3RD	053003200DB7.00	200DB		17	6,620.		3,310.	3,310.	3,310.	_	0.
70	10LIBRARY SHELVES	082802200DB7.00	200DB		17	1,322.		397.	925.	925.		0.
त्त	COMMERCIAL KITCHEN-MAIN	080902200DB5.00	200DB		17	4,499.		1,350.	3,149.	3,149.		0.
12	-MAIN	082102200DB5.00	200DB		17	6,736.		2,021.	4,715.	4,715.		0.
13	13OVEN SHELVES-MAIN	091602200DB5.00	200DB		17	241.		72.	169.	169.		0.
14	DITIONERO-MAIN	051503200DB7.0	200DB	0	17	552.		276.	276.	276.	•	0
15	15EOPT-MAIN	080199200DB5	200DB	00.	17	9,000.			9,000	9,000.		0.

(D) - Asset disposed

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Asset	Description	Date Acquired	Method	Life	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
16	16WOODEN PICKUP-MAIN	042203200DB7.00	000B		17	2,485.		746.	1,739.	1,739.		0
17	VEL-MAIN	050103200DB7.00	00DB		17	1,823.		547.	1,276.	1,276.		0
18	FLAYGROUND 18EQPT-MAIN	090203ADS		10.00	17	2,313.		1,157.	1,156.	735.		168.
19	19SCHOOL EQPT	080199200DB5.00	00DB	5.00	17	14,178.			14,178.	14,178.	·	0
20	20REFRIGERATOR	031600200DB5.00	00DB	2.00	17	2,047.			2,047.	2,047.		0
21	21LAPTOP	012903200DB5.00	00DB	2.00	17	1,673.		502.	1,171.	1,171.		0
22		061306SL		7.00	17	4,918.			4,918.	3,601.		703.
23	DELL FOWEREDGE 849 23SERVER	080707SL		7.00	17	1,501.			1,501.	751.	_	214.
24	2432 WORKSTATIONS	080707SL		7.00	17	3,065.			3,065.	1,533.	•	438.
25		DRIVE080707SL		7.00	17	682.			682.	341.		. 16
26	DELL INSTIKON 26LAPTOP	080707SL		7.00	17	1,195.			1,195.	598.		171.
27	C SMART B	080707SL		7.00	17	392.			392.	196.	•	56.
28	2 TABLES & 20 28CHAIRS	082107SL	·	7.00	17	2,260.			2,260.	1,130.		323.
29	29REGRIGERATOR	09200EST		7.00	17	419.			419.	279.		- 96
30	30JBL ION 10 SYSTEM	122007SL		7.00	17	2,825.			2,825.	1,413.		404.
31	31LAPTOP (USED)	022708SL		7.00	17	490.			490.	245.		70-
32		022708SL		7.00	17	1,832.			1,832.	916.		262.
33	3 3 SOFTWARE	062507SL		3.00	17	836.			836.	836.		0.

5-01-11

(D) - Asset disposed

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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Asset No	Description	Date Method	od Life	No ON	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
34	34FURNITURE	080707SL	7.00	17	1,530.			1,530.	765.		219.
35		100804L	000		90,537.	•		90,537.			0
36	SECURITY CAMERA AND 36NESTING TABLES	042309200DB5.0)B5.00	17	1,920.			1,920.	1,367.	7	221.
37	37BATHROOM REMODEL	090108200DB5.0)B5.00	17	5,050.		2,525.	2,525.	1,798.		291.
38	38TELEPHONE	091708200DB5.00)B5.00	17	439.		220.	219.	156.		25.
39	Y SHELVES	082908200DB5.00)B5.00	17	738.			738.	632.		43.
40	40HOUSE	031509200DB5.00)B5.00	17	1,118.			1,118.	796.		129.
41	PRINTER	091809200DB5.00)B5.00	17	751.			751.	391.		144.
42	42CLASSROOM B	092209200DB7.0	DB7.00	17	327.			327.	127.		57.
43	ER	100509200DB5)B5.00	17	865.			865.	450.		166.
4	4 4EQUIPMENT	071511SL	7.00	190	15,620.			15,620.			1,953.
45	4 STELEPHONE	090110200DB7.00	DB7.00	17	145.		72.	73.	19.		16.
46	46WALKIE TALKIES	082310200DB5.00)B5.00	17	1,807.		904.	903.	316.		235.
47	47DESKTOP COMPUTER	062311200DB5.00)B5.00	17	1,814.		1,814.				0
48	48DESKTOP COMPUTER	010111200DB5.00)B5.00	17	1,917.		1,917.	-			0
49		080210200DB5.00)B5.00	17	136.		.89	689	24.		18.
50	IN	TODDLER042811SL	15.0	0017	7,272.		7,272.			-	0
51	LEASEHOLD IMPROVEMENT MAIN	07 31 10 SL	15.0	0017	3,460.		1,730.	1,730.	101.		115.

(D) - Asset disposed

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

<u>_</u>	•	•	υ.	10.	46.	6	4	<u></u>	
Current Year Deduction			105	~	4	972	9,104	24,488	
	·							· ·	
Current Sec 179							0	0	
-			•				<u>.</u>	•	
Accumulated Depreciation							84,351	187,570	
Acc		. <u>.</u>	•	•		•	<u> </u>	18	
Basis For Depreciation			4,662	556	,820	, 583	370,908	970,908	
Bas			4		Н	116	370	970	
on In	6,321.	4,481.					,408.	,408.	
Reduction In Basis	9	4,					39,	39,	
Bus % Excl									
	•	•	•	•	•	•			
Unadjusted Cost Or Basis	6,321	4,481	4,662	556	,820	, 583	410,316	1,010,316	
Una	9	4	4		⊣	116	410	1,(
Line No	17	17	0191	190	19B	019臣			
Life	2.00	7.00	39.0(7.00	5.00	15.0(
Method	060111200DB5.00	060111200DB7.00							
	1120	11/20	1181	12SI	12SI	12SI	·		
Date Acquired	0601	0601	080811SL	051812SL	061212SL	050112SL			
	· -						TOTAL	088	
			SYS	MEN				٦	
Description	ģ	Q E	ROL	QUIP	Í	ם נ	PAGE 1	TOTAL	
l a	ER S	PMEN	CONT	a IC	JTER	PMEN	1	10 10	
	52COPIER	PLAYGROUND 53EQUIPMENT	54AIR CONTROL SYSTEM	55SCHOOL EQUIPMENT	56COMPUTER	FLAYGROUND 57EQUIPMENT	OTHER	* GKAND PAGE 10	
Asset No	520	23 H	543	220	560	57 4	· U ·	<u>, 14</u>	

(D) - Asset disposed

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return. 990

Business or activity to which this form relates

OMB No 1545-0172

Sequence No. 179 identifying number

WALNUT FARM MONTESSORI SCHOOL, 71-0828503 FORM 990 PAGE 10 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000. Maximum amount (see instructions) 1 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 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 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 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 2012 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 21,402 17 MACRS deductions for assets placed in service in tax years beginning before 2011 17 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 Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction year placed in service only - see instructions) 19a 3-year property 1,820. \mathtt{SL} 46. 5-year property YRS. MO h 16,176. YRS. MO \mathtt{SL} 1,963 7-year property C 10-year property Ы 15 YRS 972 116,583 MO \mathtt{SL} 15-year property 20-year property 25-year property S/L 25 yrs g / 27 5 yrs MM S/L Residential rental property h MM S/L 27.5 yrs. 08/114.662 105. 39 vrs. MM S/L i Nonresidential real property MM S/I Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System Class life 20a S/L 12-year S/I b 12 yrs. 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. 24,488. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 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 Form 4562 (2011)

LHA For Paperwork Reduction Act Notice, see separate instructions.

For	m 4562 (2011)	WAL	NUT FAR	M MO	NTES	SORI	SCH	OOL	, INC	•		71-	0828	503 F	Page 2
Pa	Listed Proper amusement.)										d for en				
	Note: For any through (c) of S	vehicle for wh Section A, all	nich you are us of Section B,	sing the and Sec	standard tion C if	d mileage applicat	e rate or ole.	dedu	cting lease	expens	e, comp	lete onl	y 24a, 24	b, colum	nns (a)
	Section A -	Depreciation	on and Other	Informa	tion (Ca	ution: S	ee the II	struc	tions for lii	nits for p	oasseng	er autor	nobiles.)		
<u>24a</u>	Do you have evidence to s	support the bus	siness/investme	nt use cla	umed?		es 🗆	No	24b If "Y	es," is th	e evidei	nce writ	ten?	Yes	□ No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	1 01	(d) Cost or her basis	l Anue	(e) is for depre siness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	(h) eciation uction	Elec section co	n 179
25	Special depreciation alle	owance for g	ualified listed	property	placed	ın servic	e durino	the to	ax vear an	d					
	used more than 50% in			ргорону	piacoa	111 307 410	o damig		ax your an	.	25				
26	Property used more tha			ess use.											
	<u> </u>			6					<u> </u>						
		<u> </u>		6											
		† †		6						-					
27	Property used 50% or le	ess in a quali	fied business	use:						<u> </u>	_	·			
			9	6						S/L ·					
			9	6						S/L ·					
			9	6			-			S/L·					
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and or	line 21,	page 1		•		28				
29	Add amounts in column	i (i), line 26 E	nter here and	on line 7	7, page	1					-		29		
			9	ection I	B - Infor	mation	on Use	of Vet	nicles						
	ou provided vehicles to y se vehicles.	your employe	es, first answ		.		 	see if y							
30	Total business/investment		uring the	1	a) nicle	1 .	b) nicle		(c) /ehicle	1	d) ncle	1	(e) hicle	(f Veh	
	year (do not include com	- ,				 					-	ļ			
	Total commuting miles	-	-					 				 			
32	32 Total other personal (noncommuting) miles driven														
driven 33 Total miles driven during the year.													·		
33	33 Total miles driven during the year. Add lines 30 through 32														
24	Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No													V 1	NI-
34	Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Holland Control of the No Yes No Ye											Yes	<u>No</u>		
35															
55	35 Was the vehicle used primarily by a more than 5% owner or related person?														
36	Is another vehicle availa	•	enal					ļ		<u> </u>		<u> </u>			
	use?]]			
		Section C	- Questions	for Emp	loyers V	Vho Pro	vide Vel	icles	for Use b	y Their I	Employe	ees			
Ans	swer these questions to			-	-					-			re not m	ore than	5%
	ners or related persons											_			_
37	Do you maintain a writt employees?	en policy stat	tement that pi	ohibits a	ail perso	nal use o	of vehicle	es, inc	duding cor	nmuting	, by you	r		Yes	No
38	Do you maintain a writt	en policy stat	tement that pi	ohibits p	personal	use of v	ehicles,	excer	ot commut	ing, by y	our				
	employees? See the in:		=	•				•							
39	Do you treat all use of v	ehicles by er	nployees as p	ersonal	use?										
40	Do you provide more th	an five vehic	les to your em	nployees	, obtain	ınformat	tion from	your	employee	s about					
	the use of the vehicles,	and retain th	ne information	received	i?										ļ
41	Do you meet the requir	ements conc	erning qualifie	d autom	obile de	monstra	ation use	?							
	Note: If your answer to	<i>37,</i> 38, 39, 4	0, or 41 is "Ye	s," do n	ot comp	lete Sec	tion B fo	r the c	covered ve	hicles.	_				
P	art VI Amortization														
	(a) Description of	of costs	Date	(b) amortization begins		(C) Amortizal amoun			(d) Code section		(e) Amortizz period or pe	ation	. Ar	(f) nortization ir this year	
42	Amortization of costs the	nat begins du	ırıng your 201	1 tax yea	ar [.]										
43	Amortization of costs to	hat began be	fore your 201	1 tax yea	ar							43			
44	Total. Add amounts in	column (f) Se	ee the instruc	tions for	where t	o report						44	_		_