

# Return of Organization Exempt From Income Tax

**2021**

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **07-01**, 2021, and ending **06-30**, 2022

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **Walnut Farm Montessori School Inc**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**4208 E Central Ave**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Bentonville, AR 72712**

**D** Employer identification number  
**71-0828503**

**E** Telephone number  
**(479) 271-9424**

**F** Name and address of principal officer: **Smita Vadlamani**  
**Same as C above**

**G** Gross receipts  
 \$ **1,423,822**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **www.walnutfarmmontessori.com**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1999** **M** State of legal domicile: **AR**

**H(c)** Group exemption number ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To provide an authentic montessori education to children ages 18 months to 12 years, empowering them for life-long learning.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>38</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 64,840	<b>Current Year</b> 171,385
	<b>9</b> Program service revenue (Part VIII, line 2g)	928,475	1,208,964
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,528	2,731
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	262,287	28,990
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,259,130	1,412,070
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	728,004	906,883
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	256,358	291,192
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	984,362	1,198,075	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	274,768	213,995	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 3,182,173	<b>End of Year</b> 3,463,022
	<b>21</b> Total liabilities (Part X, line 26)	1,423,005	1,489,859
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,759,168	1,973,163

**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.

**Sign Here**

**Smita Vadlamani**  
Signature of officer

Date

**Smita Vadlamani, President**  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name <b>Shelley Smart</b>	Preparer's signature <b>Shelley Smart</b>	Date <b>09-29-2022</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P01214522</b>
Firm's name ▶ <b>Shelley Smart CPA MBA</b>	Firm's EIN ▶		Phone no. <b>479-273-7828</b>	
Firm's address ▶ <b>807 SW I St Ste 17 Bentonville AR 72712</b>				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To provide an authentic montessori education to children ages 18 months to 12 years, empowering them for life-long learning.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes 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 No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,086,213 including grants of \$ ) (Revenue \$ 1,208,964 )

Walnut Farm Montessori School welcomes children ages 18 months to 12 years from diverse backgrounds, abilities, religions, races, and cultures. Our school community includes families from Bentonville, Rogers, Lowell, Springdale, Fayetteville, Centerton, Gravette, Garfield, and Bella Vista Arkansas. In addition to a full montessori curriculum, 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 \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,086,213

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial 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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II . . . . .		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable . . . . .		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	38		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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? . . . . .	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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 . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>			

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a through 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> Arkansas
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ->

Walnut Farm Montessori School (479)271-9424, 4208 E Central Ave, Bentonville, AR 72712

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Chi Ibekwe Board Member		X						0	0	0
(2) Lina Scroggins Board Member		X						0	0	0
(3) Emma Pengelly Board Member		X						0	0	0
(4) Peyton Sterns Board Member		X						0	0	0
(5) Amanda Sparks Marsee Board Member		X						0	0	0
(6) Smita Vadlamani President				X				0	0	0
(7) Amanda Phillips Vice President				X				0	0	0
(8) Sean D'Hoostelaere Treasurer				X				0	0	0
(9) Runa Howard Secretary				X				0	0	0
(10) Lynette Goss Head of School	40.00					X		0	0	0
(11)										
(12)										
(13)										
(14)										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							0	0	0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	171,385				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			171,385			
<b>Program Service Revenue</b>			Business Code				
	<b>2a Tuition Fees</b>	611710	1,081,201	1,081,201			
	<b>b Child Care</b>	624410	58,889	58,889			
	<b>c Materials Fees</b>	611710	35,880	35,880			
	<b>d Enrollment Fees</b>	611710	23,450	23,450			
	<b>e Other Fees</b>	611710	9,544	9,544			
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			1,208,964				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,121	2,121			
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real (ii) Personal					
		<b>6a</b>					
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
		<b>7a</b>	5,109				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	4,499			
	<b>c</b> Gain or (loss)	<b>7c</b>	610				
	<b>d</b> Net gain or (loss)			610		610	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	36,243				
<b>b</b> Less: direct expenses		<b>8b</b>	7,253				
<b>c</b> Net income or (loss) from fundraising events			28,990		28,990		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions			1,412,070	1,211,085	0	29,600	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	79,812	71,831	7,981	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .	671,762	604,586	67,176	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . .	14,333	12,900	1,433	
9 Other employee benefits . . . . .	86,623	77,961	8,662	
10 Payroll taxes . . . . .	54,353	48,918	5,435	
11 Fees for services (nonemployees):				
a Management . . . . .				
b Legal . . . . .	2,978	2,680	298	
c Accounting . . . . .	1,050	945	105	
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17 . . . .				
f Investment management fees . . . . .				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . .	4,320	3,888	432	
12 Advertising and promotion . . . . .	15,016	13,514	1,502	
13 Office expenses . . . . .	3,520	3,168	352	
14 Information technology . . . . .	7,193	6,474	719	
15 Royalties . . . . .				
16 Occupancy . . . . .	29,701	26,731	2,970	
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	2,936	2,642	294	
20 Interest . . . . .	8,952	8,057	895	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	79,451	79,451		
23 Insurance . . . . .	16,651	14,986	1,665	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Program Supplies</b>	50,923	45,831	5,092	
b <b>Repairs and Maintenance</b>	31,229	28,106	3,123	
c <b>Janitorial and Pest Control</b>	26,328	23,695	2,633	
d <b>Landscape</b>	9,617	8,655	962	
e All other expenses	1,327	1,194	133	
25 <b>Total functional expenses.</b> Add lines 1 through 24e . . . .	1,198,075	1,086,213	111,862	0
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash - non-interest-bearing	1,472,037	1	1,474,181	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	567,893	4	693,106	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	4,633	9	5,103	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,991,703		
	b	Less: accumulated depreciation	10b	702,824	10c	1,288,879
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	1,972	14	1,753	
	15	Other assets. See Part IV, line 11	32,473	15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,182,173	16	3,463,022		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	37,110	17	11,785	
	18	Grants payable		18		
	19	Deferred revenue	1,110,340	19	1,283,950	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties	246,754	23	162,584	
	24	Unsecured notes and loans payable to unrelated third parties	28,801	24	31,540	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,423,005	26	1,489,859	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions	1,564,863	27	1,826,050	
	28	Net assets with donor restrictions	194,305	28	147,113	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	<b>Total net assets or fund balances</b>	1,759,168	32	1,973,163	
	33	<b>Total liabilities and net assets/fund balances</b>	3,182,173	33	3,463,022	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,412,070
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,198,075
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	213,995
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,759,168
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,973,163

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Walnut Farm Montessori School Inc

71-0828503

**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 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

Part II

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021; b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016 . . . . .		
b	From 2017 . . . . .		
c	From 2018 . . . . .		
d	From 2019 . . . . .		
e	From 2020 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017 . . . .		
b	Excess from 2018 . . . .		
c	Excess from 2019 . . . .		
d	Excess from 2020 . . . .		
e	Excess from 2021 . . . .		



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF.

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

Name of the organization

Walnut Farm Montessori School Inc

Employer identification number

71-0828503

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>Walnut Farm Montessori School Inc</b>	Employer identification number <b>71-0828503</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Walton Family Foundation  PO Box 2030  Bentonville AR 72712	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Arkansas DHS Family Support Unit  PO Box 1437 Slot S145  Little Rock AR 72203	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Arkansas DHS  PO Box 1437  Little Rock AR 72203-1437	\$ 157,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Walnut Farm Montessori School Inc

Employer identification number 71-0828503

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement 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 XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement 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 the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, and Total.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE E  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schools**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

Walnut Farm Montessori School Inc

Employer identification number

71-0828503

**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? . . . . .	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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 . . . . .	X	
_____		
_____		
_____		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	X	
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? . . . . .		X
b Admissions policies? . . . . .		X
c Employment of faculty or administrative staff? . . . . .		X
d Scholarships or other financial assistance? . . . . .		X
e Educational policies? . . . . .		X
f Use of facilities? . . . . .		X
g Athletic programs? . . . . .		X
h Other extracurricular activities? . . . . .		X
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? . . . . .		X
b Has the organization's right to such aid ever been revoked or suspended? . . . . .		X
If you answered "Yes" on 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 . . . . .	X	

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

Walnut Farm Montessori School Inc

71-0828503

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Auction misc</u> (event type)	<u>                    </u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	36,243		36,243	
	2	Less: Contributions . . . . .				
	3	Gross income (line 1 minus line 2) . . . . .	36,243		36,243	
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	7,253		7,253	
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				7,253
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				28,990

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue . . . . .		
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Name of the organization

Walnut Farm Montessori School Inc

Employer identification number

71-0828503

**01. Form 990 governing body review (Part VI, line 11)**

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.

**02. Governing documents, etc, available to public (Part VI, line 19)**

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.

# Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>Walnut Farm Montessori School In</b>	Business or activity to which this form relates <b>FORM 990 - 1</b>	Identifying number <b>71-0828503</b>
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**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	24,848

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	40,730
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	#567					1,412
c 7-year property	#568					4,677
d 10-year property						
e 15-year property	#569					6,951
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	#570		39 yrs.	MM	S/L	614

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	79,232
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . . 25 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . . 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . . 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) . . . 31 Total commuting miles driven during the year . 32 Total other personal (noncommuting) miles driven . . . . . 33 Total miles driven during the year. Add lines 30 through 32 . . . . . 34 Was the vehicle available for personal use during off-duty hours? . . . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . . 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? . . . . . 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2021 tax year (see instructions): 43 Amortization of costs that began before your 2021 tax year . . . . . 43 44 Total. Add amounts in column (f). See the instructions for where to report . . . . . 44



# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 07-01, 2021, and ending 06-30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

**Walnut Farm Montessori School Inc**

**71-0828503**

Name and title of officer or person subject to tax

**Smita Vadlamani, President**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here . . . . ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	1,412,070
2a	Form 990-EZ check here . . ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a	Form 1120-POL check here . ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a	Form 990-PF check here . . ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b	
5a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c) . . . . .	5b	
6a	Form 990-T check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4) . . . . .	6b	
7a	Form 4720 check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1) . . . . .	7b	
8a	Form 5227 check here . . . ▶	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	
9a	Form 5330 check here . . . ▶	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19) . . . . .	9b	
10a	Form 8038-CP check here . . ▶	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	10b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize Shelley Smart CPA MBA to enter my PIN 28503 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 09-29-2022

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

714190 00713  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Shelley Smart

Date ▶ 09-29-2022

**ERO Must Retain This Form - See Instructions**

**Don't Submit This Form to the IRS Unless Requested To Do So**

FOR YOUR RECORDS ONLY  
**Federal Supporting Statements**

**2021 PG01**

Name(s) as shown on return

Tax ID Number

Walnut Farm Montessori School Inc

71-0828503

**Form 990 - Schedule D - Part VI - Line 1e**  
Investments - Other

Statement #D1e

<u>Description of Investment</u>	<u>Cost/basis (Investment)</u>	<u>Cost/basis (Other)</u>	<u>Depr</u>	<u>Book Value</u>
Land Improvements	0	155,221	13,858	141,363
<b>Total</b>	<u>0</u>	<u>155,221</u>	<u>13,858</u>	<u>141,363</u>

Form 4562 - Line 19b

PG01

Statement #567

<u>Basis</u>	<u>RP</u>	<u>CV</u>	<u>Method</u>	<u>Deduction</u>
1,860	5	HY	200 DB	372
5,198	5	HY	200 DB	1,040
<b>Total</b>				<u>1,412</u>

Form 4562 - Line 19c

PG01

Statement #568

<u>Basis</u>	<u>RP</u>	<u>CV</u>	<u>Method</u>	<u>Deduction</u>
2,387	7	HY	200 DB	341
8,618	7	HY	200 DB	1,232
772	7	HY	200 DB	110
3,258	7	HY	200 DB	466
4,802	7	HY	200 DB	686
5,603	7	HY	200 DB	801
7,287	7	HY	200 DB	1,041
<b>Total</b>				<u>4,677</u>

**Federal Supporting Statements**

**2021 PG01**

Name(s) as shown on return

Tax ID Number

Walnut Farm Montessori School Inc

71-0828503

**Form 4562 - Line 19e**

Statement #569

<u>Basis</u>	<u>RP</u>	<u>CV</u>	<u>Method</u>	<u>Deduction</u>
72,343	15	HY	150 DB	3,617
3,576	15	HY	150 DB	179
52,600	15	HY	150 DB	2,630
10,500	15	HY	150 DB	525
<b>Total</b>				<b><u>6,951</u></b>

**Form 4562 - Line 19i**

**PG01**  
Statement #570

<u>Date</u>	<u>Cost</u>	<u>Deduction</u>
11-2021	3,285	53
06-2022	26,539	28
11-2021	8,078	129
06-2022	4,800	5
07-2021	7,659	188
07-2021	7,381	181
06-2022	28,403	30
<b>Total</b>		<b><u>614</u></b>

**PG01**  
Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: Walnut Farm Montessori School Inc  
Address: 4208 E Central Ave, Bentonville, AR 72712  
EIN: 71-0828503  
Statement: Taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f).

990

**Overflow Statement**

(This page is not filed with the return. It is for your records only.)

2021

Page 1

Name(s) as shown on return

Walnut Farm Montessori School Inc

FEIN

71-0828503

**Description**

**Amount**

Donations	\$ 3,885
Restricted Grants	157,500
Unrestricted Grants	10,000
<b>Total:</b>	<b>\$ 171,385</b>

Walnut Farm Montessori School Inc  
FEDERAL ASSET CATEGORY SUMMARY  
Tax Year End : 07-01-2021  
ID Number : 71-0828503  
Asset Category Summary

Description	Cost	Depr. Basis	NY Depr
Asset Category: 302 - Equipment	519,588	519,588	39,419
Asset Category: 401 - Buildings	1,067,986	1,067,986	26,999
Asset Category: 402 - Leasehold Improvemen	162,874	161,144	5,301
Asset Category: 403 - Land	104,261	13,724	915
Asset Category: 404 - Land Improvements	141,497	141,497	12,049
Asset Category: 600 - Amortizable Assets	3,287	3,287	219
<b>**Total**</b>	<b>1,999,493</b>	<b>1,907,226</b>	<b>84,902</b>

Walnut Farm Montessori School Inc  
**FEDERAL DEPRECIATION SCHEDULE**  
 Tax Year End : 07-01-2021  
 ID Number : 71-0828503  
 Asset Category: 302 - Equipment

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr	NY Depr
Playground EQPT - Main	08-01-1999	9,000	9,000		5	0	0	9,000	0	0
School EQPT	08-01-1999	14,178	14,178		5	0	0	14,178	0	0
Refrigerator	03-16-2000	2,047	2,047		5	0	0	2,047	0	0
Furniture	08-05-2002	2,896	2,896		7	0	0	2,896	0	0
Commercial Kitchen - Main	08-09-2002	4,499	4,499		5	0	0	4,499	0	0
Kitchens Supplies - Main	08-21-2002	6,736	6,736		5	0	0	6,736	0	0
Library shelves	08-28-2002	1,322	1,322		7	0	0	1,322	0	0
Tables for Academy	09-04-2002	972	972		7	0	0	972	0	0
Oven Shelves - Main	09-16-2002	241	241		5	0	0	241	0	0
Laptop	01-29-2003	1,673	1,673		5	0	0	1,673	0	0
Wooden Pickup - Main	04-22-2003	2,485	2,485		7	0	0	2,485	0	0
Air conditioner - Main	05-15-2003	552	552		7	0	0	552	0	0
Furniture - Primary 3rd	05-30-2003	6,620	6,620		7	0	0	6,620	0	0
Playground EQPT - Main	09-02-2003	2,313	2,313		10	0	0	2,313	0	0
Dishwasher	06-13-2006	4,918	4,918		7	0	0	4,918	0	0
Refrigerator	09-20-2006	419	419		7	0	0	419	0	0
Dell Inspiron Laptop	08-07-2007	1,195	1,195		7	0	0	1,195	0	0
Dell Optiplex Workstations 3	08-07-2007	3,065	3,065		7	0	0	3,065	0	0
Dell Poweredge 849 Server	08-07-2007	1,501	1,501		7	0	0	1,501	0	0
Furniture	08-07-2007	1,530	1,530		7	0	0	1,530	0	0
2 Tables and 26 chairs	08-21-2007	2,260	2,260		7	0	0	2,260	0	0
JBL Ion 10 system	12-20-2007	2,825	2,825		7	0	0	2,825	0	0
Dell Latitude 830 Laptop	02-27-2008	1,832	1,832		7	0	0	1,832	0	0
Laptop	02-27-2008	490	490		7	0	0	490	0	0
Elementary Shelves	08-29-2008	738	738		5	0	0	738	0	0
Furniture for Open House	03-15-2009	1,118	1,118		5	0	0	1,118	0	0
Security Camer and Nesting Tables	04-23-2009	1,920	1,920		5	0	0	1,920	0	0
Furniture	08-01-2009	7,871	7,871		7	0	0	7,871	0	0
Printer	09-18-2009	751	751		5	0	0	751	0	0
Refrigerator for Classroom B	09-22-2009	327	327		7	0	0	327	0	0
New computer	10-05-2009	865	865		5	0	0	865	0	0
Walkie Talkies	08-23-2010	1,807	1,807		5	0	0	1,807	0	0
Desktop Computer	01-01-2011	1,917	1,917		5	0	0	1,917	0	0
Playground Equipment	06-01-2011	4,481	4,481		7	0	0	4,481	0	0
Desktop Computer	06-23-2011	1,814	1,814		5	0	0	1,814	0	0
Playground equipment	07-15-2011	15,620	15,620		7	0	0	15,620	0	0
Playground equipment	05-01-2012	116,583	116,583	SL MQ	15	0	0	78,692	7,772	7,772
School Equipment	05-18-2012	556	556		7	0	0	556	0	0
Computer	06-12-2012	1,820	1,820		5	0	0	1,820	0	0
Computer	08-02-2012	910	910		5	0	0	910	0	0
computer	09-07-2012	1,036	1,036		5	0	0	1,036	0	0
Appliances	12-03-2012	677	677		7	0	0	676	0	0
Copier	05-28-2013	2,932	2,932		5	0	0	2,932	0	0

Flooring	08-15-2013	3,365	3,365		7	0	0	0	3,364	0
Blinds	08-16-2013	902	902		7	0	0	0	902	0
Furniture	08-22-2013	1,060	1,060		7	0	0	0	1,060	0
School Equipment	08-22-2013	1,910	1,910		7	0	0	0	1,910	0
School Equipment	09-23-2013	3,335	3,335		7	0	0	0	3,335	0
Toddler Furniture	08-04-2015	4,194	4,194	200 DBMQ	7	0	0	0	4,149	367
Primary Shelving	08-27-2015	500	500	200 DBMQ	7	0	0	0	496	44
Suppression Systems	06-23-2016	11,404	11,404	200 DBMQ	7	0	0	0	10,533	996
Hobart Dishwasher	06-28-2016	7,715	7,715	200 DBMQ	7	0	0	0	7,126	674
Office Computer	06-28-2016	1,389	1,389		5	0	0	0	1,389	0
Classroom Chairs	07-28-2016	1,367	1,367	SL HY	7	0	0	0	1,073	195
Parking Lot Speed Bumps	08-29-2016	1,292	1,292	SL HY	15	0	0	0	473	86
Toddler Playground Equipment	01-31-2017	10,366	10,366	SL HY	15	0	0	0	3,801	691
Primary Heat & Air Unit	02-02-2017	7,227	7,227	SL MM	39	0	0	0	995	185
ESI Phone System	12-19-2017	2,628	2,628	200 DBHY	7	0	0	0	2,043	235
Konica Minolta Copier BHC258	01-12-2018	8,760	8,760	200 DBHY	5	0	0	0	8,255	1,009
HOS Computer	07-01-2018	1,550	1,550	200 DBMQ	5	0	0	0	1,359	171
Admin Computer	03-14-2019	1,520	1,520	200 DBMQ	5	0	0	0	1,241	186
Upper Elementary Shelving	06-28-2019	4,446	4,446	200 DBMQ	7	0	0	0	2,884	625
Toddler B Bldg Washer and Dryer	01-06-2020	1,994	1,994	200 DBHY	7	0	0	0	1,122	349
Toddler B Sandbox Fence Swing Mulch	01-06-2020	1,213	1,213	200 DBHY	7	0	0	0	682	212
8 Dell Inspiron Laptops	01-07-2020	6,000	6,000	200 DBHY	5	0	0	0	4,272	1,152
Dell Optiplex Desktop Library	01-07-2020	725	725	200 DBHY	5	0	0	0	516	139
Toddler B Playground	02-06-2020	9,387	9,387	200 DBHY	7	0	0	0	5,282	1,642
Large Outlast Set	03-12-2020	9,499	9,499	200 DBHY	7	0	0	0	5,344	1,661
Outlast Cascade Play Center	03-12-2020	4,172	4,172	200 DBHY	7	0	0	0	2,348	730
Outlast Junior Kitchen 18	03-12-2020	2,256	2,256	200 DBHY	7	0	0	0	1,269	395
Outlast Play Table Toddler Set	03-12-2020	1,013	1,013	200 DBHY	7	0	0	0	570	177
Outlast Project Table Toddler Set	03-12-2020	1,429	1,429	200 DBHY	7	0	0	0	804	250
Computer	06-04-2020	1,550	1,550	200 DBHY	5	0	0	0	1,104	298
School Security System	03-12-2021	24,775	24,775	200 DBHY	7	0	0	0	9,607	6,067
Outdoor Classroom Furniture Beckers	06-17-2021	4,655	4,655	200 DBHY	7	0	0	0	1,805	1,140
ESI Phone System Elementary	06-30-2021	2,105	2,105	200 DBHY	5	0	0	0	1,095	674
Toddler Outdoor Activity Set	08-30-2021	4,802	4,802	200 DBHY	7	0	0	0	686	686
Toddler Outdoor Shelving	08-30-2021	2,387	2,387	200 DBHY	7	0	0	0	341	341
HOS Computer	08-31-2021	1,860	1,860	200 DBHY	5	0	0	0	372	372
Natural Playground Improvements	08-31-2021	52,600	52,600	150 DBHY	15	0	0	0	2,630	2,630
New Primary Water Heaters	11-30-2021	3,285	3,285	SL MM	39	0	0	0	53	53
Arbor; Storage Bench; Mud Kitchen; Project	01-31-2022	7,287	7,287	200 DBHY	7	0	0	0	1,041	1,041
Playground Instruments	01-31-2022	5,603	5,603	200 DBHY	7	0	0	0	801	801
(3) Dell Computers (LE, EA, FA)	03-01-2022	5,198	5,198	200 DBHY	5	0	0	0	1,040	1,040
Afterschool Shelves	05-25-2022	772	772	200 DBHY	7	0	0	0	110	110
Lower EI Shelves; Tables; Chairs	05-25-2022	8,618	8,618	200 DBHY	7	0	0	0	1,232	1,232
Greenhouse	06-10-2022	28,403	28,403	SL MM	39	0	0	0	30	30
New Tradition Playground Pad	06-14-2022	10,500	10,500	150 DBHY	15	0	0	0	525	525
Lower EI Tables	06-29-2022	3,258	3,258	200 DBHY	7	0	0	0	466	466
**Total**		519,588	519,588			0	0	0	302,955	37,449

Tax Year End : 07-01-2021  
 ID Number : 71-0828503  
 Asset Category: 401 - Buildings

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr	NY Depr
Building	10-08-2004	600,000	600,000	SL MM	40	0	0	269,371	15,000	15,000
BLDG	06-30-2013	150,826	150,826	SL MM	39	0	0	27,069	3,867	3,867
Building Design	09-13-2013	17,515	17,515	SL MM	39	0	0	3,948	449	449
Elementary Storage Building	09-13-2018	3,499	3,499	SL MM	39	0	0	341	90	90
Toddler B Building	01-06-2020	269,015	269,015	SL MM	39	0	0	16,957	6,898	6,898
Roof costs after insurance proceeds	03-31-2021	592	592	SL MM	40	0	0	19	15	15
New Toddler A Siding & Paint	06-27-2022	26,539	26,539	SL MM	39	0	0	28	28	28
**Total**		1,067,986	1,067,986			0	0	317,733	26,347	26,347

Walnut Farm Montessori School Inc  
 FEDERAL DEPRECIATION SCHEDULE  
 Tax Year End : 07-01-2021  
 ID Number : 71-0828503

Asset Category: 402 - Leasehold Improvements

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr	NY Depr
Leasehold Improvements - Main	09-01-2002	48,598	48,598	SL MM	39	0	0	24,662	1,246	1,246
Leasehold Improvements - Main	08-29-2003	2,261	2,261	SL MM	39	0	0	1,095	58	58
Lights	10-26-2006	2,856	2,856	SL MM	39	0	0	1,148	73	73
Bathroom Remodel	09-01-2008	5,050	5,050		5	0	0	5,050	0	0
Leasehold Improvement Main	07-31-2010	3,460	1,730	SL MQ	15	0	0	3,097	115	115
Leasehold Improvement Toddler	04-28-2011	7,272	7,272	SL MQ	15	0	0	7,272	0	0
Air Control System	08-08-2011	4,662	4,662	SL MM	39	0	0	1,304	120	120
Fence	03-27-2013	6,865	6,865	SL HY	15	0	0	4,351	458	458
Cabinets	05-31-2013	1,410	1,410	SL HY	15	0	0	893	94	94
Building Improvements	08-15-2013	13,843	13,843	SL MM	39	0	0	3,151	355	355
Landscape Improvements	08-16-2013	962	962	SL HY	15	0	0	544	64	64
Fire Alarm System	08-14-2014	5,640	5,640	200 DBHY	7	0	0	5,640	252	252
Observation Room	06-24-2015	3,029	3,029	SL MM	39	0	0	549	78	78
Elementary Doors	07-13-2015	939	939	150 DBMQ	15	0	0	487	55	55
Elementary Fire Alarm	07-13-2015	5,150	5,150	SL MM	39	0	0	919	132	132
Panic Bars-Elementary Doors	07-13-2015	2,426	2,426	150 DBMQ	15	0	0	1,260	143	143
Toddler A Observation Area	08-05-2015	2,164	2,164	SL MM	39	0	0	379	55	55
Black Fencing	08-12-2015	12,312	12,312	150 DBMQ	15	0	0	6,404	726	726
Elementary Fire Alarm Strobe	08-12-2015	518	518	150 DBMQ	15	0	0	269	31	31
Gate Upgrades	09-22-2016	2,066	2,066	SL HY	15	0	0	759	138	138
Elementary Sinks & Cabinetry	07-27-2017	4,600	4,600	SL HY	15	0	0	1,381	307	307
LH Imp Elementary Floors	07-23-2018	4,756	4,756	SL MM	39	0	0	483	122	122
Double Doors Elementary Bldg	08-16-2019	6,275	6,275	SL HY	15	0	0	1,045	418	418
Leasehold Improvements Flooring	12-10-2020	720	720	200 DBHY	7	0	0	279	176	176
Elementary Flooring	07-29-2021	7,659	7,659	SL MM	39	0	0	188	188	188
Toddler A Flooring	07-29-2021	7,381	7,381	SL MM	39	0	0	181	181	181
**Total**		162,874	161,144			0	0	72,790	5,585	5,585

Walnut Farm Montessori School Inc  
 FEDERAL DEPRECIATION SCHEDULE  
 Tax Year End : 07-01-2021  
 ID Number : 71-0828503



Asset Category: 403 - Land

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr	NY Depr
LAND	10-08-2004	90,537	0			0	0	0	0	0
Toddler B Bldg Sidewalk	01-06-2020	13,724	13,724	SL HY	15	0	0	2,287	915	0
**Total**		104,261	13,724			0	0	2,287	915	0

Walnut Farm Montessori School Inc

FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 07-01-2021

ID Number : 71-0828503

Asset Category: 404 - Land Improvements

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr	NY Depr
Move Gaga Pit	11-12-2020	2,000	2,000	150 DBHY	15	0	0	290	190	0
Stone and Gravel Patio	11-12-2020	30,700	30,700	150 DBHY	15	0	0	4,451	2,916	2,6
Labyrinth	11-19-2020	20,000	20,000	150 DBHY	15	0	0	2,900	1,900	1,7
Re-surface Parking Lot	08-31-2021	72,343	72,343	150 DBHY	15	0	0	3,617	3,617	6,8
Campus Signage	11-08-2021	8,078	8,078	SL MM	39	0	0	129	129	2
Chicken Coop Fencing	12-31-2021	3,576	3,576	150 DBHY	15	0	0	179	179	3
Landscape/Parking Lot Change	06-22-2022	4,800	4,800	SL MM	39	0	0	5	5	1
**Total**		141,497	141,497			0	0	11,571	8,936	12,0

Walnut Farm Montessori School Inc

FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 07-01-2021

ID Number : 71-0828503

Asset Category: 600 - Amortizable Assets

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr	NY Depr
Loan Fees	06-30-2015	3,287	3,287	AMT	15	0	0	1,533	219	2
**Total**		3,287	3,287			0	0	1,533	219	2

Walnut Farm Montessori School Inc

FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 07-01-2021

ID Number : 71-0828503

Grand total for all departments

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr	NY Depr
**Grand Total**		1,999,493	1,907,226			0	0	708,869	79,451	84,5

\* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

# Depreciation Detail Listing

Program Services

2021

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Name(s) as shown on return

Social security number/EIN

Walnut Farm Montessori School Inc

71-0828503

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Building	10082004	600,000		100.00			600,000	40	SL	2.5	254,371	15,000	269,371	15,000
2	Leasehold Improvement	09012002	48,598		100.00			48,598	39	SL	2.564	23,416	1,246	24,662	1,246
3	Leasehold Improvements	08292003	2,261		100.00			2,261	39	SL	2.564	1,037	58	1,095	58
4	Lights	10262006	2,856		100.00			2,856	39	SL	2.564	1,075	73	1,148	73
5	Furniture	08012009	7,871		100.00			7,871	7	MM	0	7,871		7,871	7,871
6	Furniture	08052002	2,896		100.00			2,896	7	MM	0	2,896		2,896	2,896
7	Tables for Academy	09042002	972		100.00			972	7	MM	0	972		972	972
8	Furniture - Primary	05302003	6,620		100.00			6,620	7	MM	0	6,620		6,620	6,620
9	Library shelves	08282002	1,322		100.00			1,322	7	MM	0	1,322		1,322	1,322
11	Kitchens Supplies - Main	08212002	6,736		100.00			6,736	5	MM	0	6,736		6,736	6,736
12	Oven Shelves - Main	09162002	241		100.00			241	5	MM	0	241		241	241
13	Air conditioner - Main	05152003	552		100.00			552	7	MM	0	552		552	552
14	Playground EQPT - Main	08011999	9,000		100.00			9,000	5	MM	0	9,000		9,000	9,000
15	Wooden Pickup - Main	04222003	2,485		100.00			2,485	7	MM	0	2,485		2,485	2,485
16	Playground EQPT - Main	09022003	2,313		100.00			2,313	10	MM	0	2,313		2,313	2,313
17	School EQPT	08011999	14,178		100.00			14,178	5	MM	0	14,178		14,178	14,178
18	Refrigerator	03162000	2,047		100.00			2,047	5	MM	0	2,047		2,047	2,047
19	Laptop	01292003	1,673		100.00			1,673	5	MM	0	1,673		1,673	1,673
20	Dishwasher	06132006	4,918		100.00			4,918	7	MM	0	4,918		4,918	4,918
21	Dell Poweredge 849 Server	08072007	1,501		100.00			1,501	7	MM	0	1,501		1,501	1,501
22	Dell Optiplex Workstation	08072007	3,065		100.00			3,065	7	MM	0	3,065		3,065	3,065
23	Dell Inspiron Laptop	08072007	1,195		100.00			1,195	7	MM	0	1,195		1,195	1,195
24	2 Tables and 26 chairs	08212007	2,260		100.00			2,260	7	MM	0	2,260		2,260	2,260
25	Refrigerator	09202006	419		100.00			419	7	MM	0	419		419	419
26	DELL Ion 10 system	12202007	2,825		100.00			2,825	7	MM	0	2,825		2,825	2,825
27	Laptop	02272008	490		100.00			490	7	MM	0	490		490	490
28	Dell Latitude 830 Laptop	02272008	1,832		100.00			1,832	7	MM	0	1,832		1,832	1,832
29	Furniture	08072007	1,530		100.00			1,530	7	MM	0	1,530		1,530	1,530
30	LAND	10082004	90,537	90,537	100.00			0	0	MM	0	0		0	0
31	Security Camer and Network	04232009	1,920		100.00			1,920	5	MM	0	1,920		1,920	1,920

\* Item is included in U/BIA for Section 199A calculations. See "U/BIA" in lower right corner. Name(s) as shown on return

# Depreciation Detail Listing

Program Services

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Walnut Farm Montessori School Inc

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
32	Bathroom Remodel	09012008	5,050		100.00		PY 2,525	5,050	5		0	5,050		5,050	
33	Elementary Shelves	08292008	738		100.00			738	5		0	738		738	
34	Furniture for Open House	03152009	1,118		100.00			1,118	5		0	1,118		1,118	
35	Printer	09182009	751		100.00			751	5		0	751		751	
36	Refrigerator for Classroom	09222009	327		100.00			327	7		0	327		327	
37	New computer	10052009	865		100.00			865	5		0	865		865	
38	Playground equipment	07152011	15,620		100.00			15,620	7		0	15,620		15,620	
39	Walkie Talkies	08232010	1,807		100.00		PY 904	1,807	5		0	1,807		1,807	
40	Desktop Computer	06232011	1,814		100.00			1,814	5		0	1,814		1,814	
41	Desktop Computer	01012011	1,917		100.00			1,917	5		0	1,917		1,917	
42	Leasehold Improvement	04282011	7,272		100.00			7,272	15	SL	6.667	7,272		7,272	115
43	Leasehold Improvement	07312010	3,460		100.00			1,730	15	SL	6.667	2,982	115	3,097	
44	Playground Equipment	06012011	4,481		100.00			4,481	7		0	4,481		4,481	
45	Air Control System	08082011	4,662		100.00		PY 1,730	4,662	39	SL	2.564	1,184	120	1,304	120
46	School Equipment	05182012	556		100.00			556	7		0	556		556	
47	Computer	06122012	1,820		100.00			1,820	5		0	1,820		1,820	
48	Playground Equipment	05012012	116,583		100.00			116,583	15	SL	6.667	70,920	7,772	78,692	7,772
49	BLDG	06302013	150,826		100.00			150,826	39	SL	2.564	23,202	3,867	27,069	3,867
50	Appliances	12032012	677		100.00			677	7		0	676		676	
51	Fence	03272013	6,865		100.00			6,865	15	HY	6.667	3,893	458	4,351	458
52	Cabinets	05312013	1,410		100.00			1,410	15	SL	6.667	799	94	893	94
53	Computer	08022012	910		100.00			910	5		0	910		910	
54	computer	09072012	1,036		100.00			1,036	5		0	1,036		1,036	
55	Copier	05282013	2,932		100.00			2,932	5		0	2,932		2,932	
56	Furniture	08222013	1,060		100.00			1,060	7		0	1,060		1,060	
57	Building Improvement	08152013	13,843		100.00			13,843	39	SL	2.564	2,796	355	3,151	355
58	Flooring	08152013	3,365		100.00			3,365	7		0	3,364		3,364	
59	Blinds	08162013	902		100.00			902	7		0	902		902	
60	Landscape Improvement	08162013	962		100.00			962	15	SL	6.667	480	64	544	64
61	School Equipment	08222013	1,910		100.00			1,910	7		0	1,910		1,910	

\* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner. Name(s) as shown on return

# Depreciation Detail Listing

Program Services

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Walnut Farm Montessori School Inc													Social security number/EIN 71-0828503		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
62	Building Design	09132013	17,515		100.00			17,515	39	SL	2.564	3,499	449	3,948	449
63	School Equipment	09232013	3,335		100.00			3,335	7		0	3,335		3,335	
64	Fire Alarm System	08142014	5,640		100.00			5,640	7	200 DB HY	4.46	5,388	252	5,640	252
65	Observation Room	06242015	3,029		100.00			3,029	39	SL	2.564	471	78	549	78
66	Elementary Fire Alarm	07132015	5,150		100.00			5,150	39	SL	2.564	787	132	919	132
67	Elementary Doors	07132015	939		100.00			939	15	150 DB MQ	5.9	432	55	487	55
68	Panic Bars-Elementary	07132015	2,426		100.00			2,426	15	150 DB MQ	5.9	1,117	143	1,260	143
69	Toddler Furniture	08042015	4,194		100.00			4,194	7	200 DB MQ	8.75	3,782	367	4,149	367
70	Toddler A Observation	08052015	2,164		100.00			2,164	39	SL	2.564	324	55	379	55
71	Black Fencing	08122015	12,312		100.00			12,312	15	150 DB MQ	5.9	5,678	726	6,404	726
72	Elementary Fire Alarm	08122015	518		100.00			518	15	150 DB MQ	5.9	238	31	269	31
73	Primary Shelving	08272015	500		100.00			500	7	200 DB MQ	8.75	452	44	496	44
74	Office Computer	06282016	1,389		100.00			1,389	5		0	1,389		1,389	
75	Suppression Systems	06232016	11,404		100.00			11,404	7	200 DB MQ	8.73	9,537	996	10,533	996
76	Hobart Dishwasher	06282016	7,715		100.00			7,715	7	200 DB MQ	8.73	6,452	674	7,126	674
77	Loan Fees	06302015	3,287		100.00			3,287	15	AMT-AMT	6.6667	1,314	219	1,533	219
78	Classroom Chairs	07282016	1,367		100.00			1,367	7	SL	14.286	878	195	1,073	195
79	Parking Lot Speed Bump	08292016	1,292		100.00			1,292	15	SL	6.667	387	86	473	86
80	Gate Upgrades	09222016	2,066		100.00			2,066	15	SL	6.667	621	138	759	138
81	Toddler Playground Equipment	01312017	10,366		100.00			10,366	15	SL	6.667	3,110	691	3,801	691
82	Primary Heat & Air Unit	02022017	7,227		100.00			7,227	39	SL	2.564	810	185	995	185
83	Elementary Sinks & Cabinets	07272017	4,600		100.00			4,600	15	SL	6.667	1,074	307	1,381	307
84	ESI Phone System	12192017	2,628		100.00			2,628	7	200 DB HY	8.93	1,808	235	2,043	235
85	Konica Minolta Copier	01122018	8,760		100.00			8,760	5	200 DB HY	11.52	7,246	1,009	8,255	1,009
86	HOS Computer	07012018	1,550		100.00			1,550	5	200 DB MQ	11.01	1,188	171	1,359	171
87	LH Imp Elementary Fire Alarm	07232018	4,756		100.00			4,756	39	SL	2.564	361	122	483	122
88	Elementary Storage Cabinets	09132018	3,499		100.00			3,499	39	SL	2.564	251	90	341	90
89	Admin Computer	03142019	1,520		100.00			1,520	5	200 DB MQ	12.24	1,055	186	1,241	186
90	Upper Elementary Shelving	06282019	4,446		100.00			4,446	7	200 DB MQ	14.06	2,259	625	2,884	625
91	Toddler B Blag Washer	01062020	1,994		100.00			1,994	7	200 DB HY	17.49	773	349	1,122	349

\* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner. Name(s) as shown on return

## Depreciation Detail Listing

Program Services

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**2021**  
PAGE 4

Walnut Farm Montessori School Inc															
Social security number/EIN 71-0828503															
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
92	Toddler B Building	01062020	269,015		100.00			269,015	39	SL	2.564	10,059	6,898	16,957	6,898
93	Toddler B Bldg Sidewalk	01062020	13,724		100.00			13,724	15	SL	6.667	1,372	915	2,287	915
94	Double Doors Element	08162019	6,275		100.00			6,275	15	SL	6.667	627	418	1,045	418
95	Toddler B Sandbox Fe	01062020	1,213		100.00			1,213	7	200 DB HY	17.49	470	212	682	212
96	Toddler B Playground	02062020	9,387		100.00			9,387	7	200 DB HY	17.49	3,640	1,642	5,282	1,642
97	Outlast Cascade Play	03122020	4,172		100.00			4,172	7	200 DB HY	17.49	1,618	730	2,348	730
98	Outlast Play Table To	03122020	1,013		100.00			1,013	7	200 DB HY	17.49	393	177	570	177
99	Outlast Project Table	03122020	1,429		100.00			1,429	7	200 DB HY	17.49	554	250	804	250
100	Outlast Junior Kitch	03122020	2,256		100.00			2,256	7	200 DB HY	17.49	874	395	1,269	395
101	Large Outlast Set	03122020	9,499		100.00			9,499	7	200 DB HY	17.49	3,683	1,661	5,344	1,661
102	Dell Inspirion Lapt	01072020	6,000		100.00			6,000	5	200 DB HY	19.2	3,120	1,152	4,272	1,152
103	Dell Optiplex Desktop	01072020	725		100.00			725	5	200 DB HY	19.2	377	139	516	139
104	Computer	06042020	1,550		100.00			1,550	5	200 DB HY	19.2	806	298	1,104	298
105	Outdoor Classroom Fur	06172021	4,655		100.00			4,655	7	200 DB HY	24.49	665	1,140	1,805	1,140
106	Stone and Gravel Pat	11122020	30,700		100.00			30,700	15	150 DB HY	9.5	1,535	2,916	4,451	2,916
107	Move Gaga Pit	11122020	2,000		100.00			2,000	15	150 DB HY	9.5	100	190	290	190
108	Labyrinth	11192020	20,000		100.00			20,000	15	150 DB HY	9.5	1,000	1,900	2,900	1,900
109	Roof costs after insu	03312021	592		100.00			592	40	SL	2.5	4	15	19	15
110	Leasehold Improvement	12102020	720		100.00			720	7	200 DB HY	24.49	103	176	279	176
111	School Security Syste	03122021	24,775		100.00			24,775	7	200 DB HY	24.49	3,540	6,067	9,607	6,067
112	PSI Phone System Ele	06302021	2,105		100.00			2,105	5	200 DB HY	32	421	674	1,095	674
113	New Primary Water He	11302021	3,285		100.00			3,285	39	SL	1.603		53	53	53
114	New Toddler A Siding	06272022	26,539		100.00			26,539	39	SL	1.07		28	28	28
115	Toddler Outdoor Shel	08302021	2,387		100.00			2,387	7	200 DB HY	14.29		341	341	341
116	Lower El Shelves; Tab	05252022	8,618		100.00			8,618	7	200 DB HY	14.29		1,232	1,232	1,232
117	Aftercare Shelves	05252022	772		100.00			772	7	200 DB HY	14.29		110	110	110
118	Lower El Tables	06292022	3,258		100.00			3,258	7	200 DB HY	14.29		466	466	466
119	Re-surface Parking Lo	08312021	72,343		100.00			72,343	15	150 DB HY	5		3,617	3,617	3,617
120	Campus Signage	11082021	8,078		100.00			8,078	39	SL	1.603		129	129	129
121	Chicken Coop Fencing	12312021	3,576		100.00			3,576	15	150 DB HY	5		179	179	179



## Next Year's Depreciation Worksheet

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**2021**

Name(s) as shown on return

Tax ID Number

**Walnut Farm Montessori School Inc**

**71-0828503**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	Building	10-08-2004	600,000	ADS	40	15,000
PRG	1	Leasehold Improvements -	09-01-2002	48,598	SL	39	1,246
PRG	1	Leasehold Improvements -	08-29-2003	2,261	SL	39	58
PRG	1	Lights	10-26-2006	2,856	SL	39	73
PRG	1	Furniture	08-01-2009	7,871	M	7	
PRG	1	Furniture	08-05-2002	2,896	M	7	
PRG	1	Tables for Academy	09-04-2002	972	M	7	
PRG	1	Furniture - Primary 3rd	05-30-2003	6,620	M	7	
PRG	1	Library shelves	08-28-2002	1,322	M	7	
PRG	1	Kitchens Supplies - Main	08-21-2002	6,736	M	5	
PRG	1	Oven Shelves - Main	09-16-2002	241	M	5	
PRG	1	Air conditioner - Main	05-15-2003	552	M	7	
PRG	1	Playground EQPT - Main	08-01-1999	9,000	M	5	
PRG	1	Wooden Pickup - Main	04-22-2003	2,485	M	7	
PRG	1	Playground EQPT - Main	09-02-2003	2,313	ADS	10	
PRG	1	School EQPT	08-01-1999	14,178	M	5	
PRG	1	Refrigerator	03-16-2000	2,047	M	5	
PRG	1	Laptop	01-29-2003	1,673	M	5	
PRG	1	Dishwasher	06-13-2006	4,918	SL	7	
PRG	1	Dell Poweredge 849 Serve	08-07-2007	1,501	SL	7	
PRG	1	Dell Optiplex Workstatio	08-07-2007	3,065	SL	7	
PRG	1	Dell Inspiron Laptop	08-07-2007	1,195	SL	7	
PRG	1	2 Tables and 26 chairs	08-21-2007	2,260	SL	7	
PRG	1	Refrigerator	09-20-2006	419	SL	7	
PRG	1	JBL Ion 10 system	12-20-2007	2,825	SL	7	
PRG	1	Laptop	02-27-2008	490	SL	7	
PRG	1	Dell Latitude 830 Laptop	02-27-2008	1,832	SL	7	
PRG	1	Furniture	08-07-2007	1,530	SL	7	
PRG	1	LAND	10-08-2004		NDA	0	
PRG	1	Security Camer and Nesti	04-23-2009	1,920	M	5	
PRG	1	Bathroom Remodel	09-01-2008	5,050	M	5	
PRG	1	Elementary Shelves	08-29-2008	738	M	5	
PRG	1	Furniture for Open House	03-15-2009	1,118	M	5	
PRG	1	Printer	09-18-2009	751	M	5	
PRG	1	Refrigerator for Classro	09-22-2009	327	M	7	
PRG	1	New computer	10-05-2009	865	M	5	
PRG	1	Playground equipment	07-15-2011	15,620	SL	7	
PRG	1	Walkie Talkies	08-23-2010	1,807	M	5	
PRG	1	Desktop Computer	06-23-2011	1,814	M	5	
PRG	1	Desktop Computer	01-01-2011	1,917	M	5	
PRG	1	Leasehold Improvment Tod	04-28-2011	7,272	SL	15	
PRG	1	Leasehold Improvement Ma	07-31-2010	1,730	SL	15	115
PRG	1	Playground Equipment	06-01-2011	4,481	M	7	
PRG	1	Air Conrtrol System	08-08-2011	4,662	SL	39	120
PRG	1	School Equipment	05-18-2012	556	SL	7	
PRG	1	Computer	06-12-2012	1,820	SL	5	
PRG	1	Playground Equipment	05-01-2012	116,583	SL	15	7,772
PRG	1	BLDG	06-30-2013	150,826	SL	39	3,867
PRG	1	Appliances	12-03-2012	677	M	7	
PRG	1	Fence	03-27-2013	6,865	SL	15	458
PRG	1	Cabinets	05-31-2013	1,410	SL	15	94
PRG	1	Computer	08-02-2012	910	M	5	

## Next Year's Depreciation Worksheet

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**2021**

Name(s) as shown on return

Tax ID Number

Walnut Farm Montessori School Inc

71-0828503

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	computer	09-07-2012	1,036	M	5	
PRG	1	Copier	05-28-2013	2,932	M	5	
PRG	1	Furniture	08-22-2013	1,060	M	7	
PRG	1	Building Improvements	08-15-2013	13,843	SL	39	355
PRG	1	Flooring	08-15-2013	3,365	M	7	
PRG	1	Blinds	08-16-2013	902	M	7	
PRG	1	Landscape Improvements	08-16-2013	962	SL	15	64
PRG	1	School Equipment	08-22-2013	1,910	M	7	
PRG	1	Building Design	09-13-2013	17,515	SL	39	449
PRG	1	School Equipment	09-23-2013	3,335	M	7	
PRG	1	Fire Alarm System	08-14-2014	5,640	M	7	
PRG	1	Observation Room	06-24-2015	3,029	M	39	78
PRG	1	Elementary Fire Alarm	07-13-2015	5,150	SL	39	132
PRG	1	Elementary Doors	07-13-2015	939	M	15	55
PRG	1	Panic Bars-Elementary Do	07-13-2015	2,426	M	15	143
PRG	1	Toddler Furniture	08-04-2015	4,194	M	7	45
PRG	1	Toddler A Observation Ar	08-05-2015	2,164	M	39	55
PRG	1	Black Fencing	08-12-2015	12,312	M	15	728
PRG	1	Elementary Fire Alarm St	08-12-2015	518	M	15	31
PRG	1	Primary Shelving	08-27-2015	500	M	7	4
PRG	1	Office Computer	06-28-2016	1,389	M	5	
PRG	1	Suppression Systems	06-23-2016	11,404	M	7	871
PRG	1	Hobart Dishwasher	06-28-2016	7,715	M	7	589
PRG	1	Loan Fees	06-30-2015	3,287	AMT	15	219
PRG	1	Classroom Chairs	07-28-2016	1,367	SL	7	195
PRG	1	Parking Lot Speed Bumps	08-29-2016	1,292	SL	15	86
PRG	1	Gate Upgrades	09-22-2016	2,066	SL	15	138
PRG	1	Toddler Playground Equip	01-31-2017	10,366	SL	15	691
PRG	1	Primary Heat & Air Unit	02-02-2017	7,227	SL	39	185
PRG	1	Elementary Sinks & Cabin	07-27-2017	4,600	SL	15	307
PRG	1	ESI Phone System	12-19-2017	2,628	M	7	234
PRG	1	Konica Minolta Copier BH	01-12-2018	8,760	M	5	505
PRG	1	HOS Computer	07-01-2018	1,550	M	5	171
PRG	1	LH Imp Elementary Floors	07-23-2018	4,756	SL	39	122
PRG	1	Elementary Storage Build	09-13-2018	3,499	SL	39	90
PRG	1	Admin Computer	03-14-2019	1,520	M	5	172
PRG	1	Upper Elementary Shelvin	06-28-2019	4,446	M	7	446
PRG	1	Toddler B Bldg Washer an	01-06-2020	1,994	M	7	249
PRG	1	Toddler B Building	01-06-2020	269,015	SL	39	6,898
PRG	1	Toddler B Bldg Sidewalk	01-06-2020	13,724	SL	15	915
PRG	1	Double Doors Elementary	08-16-2019	6,275	SL	15	418
PRG	1	Toddler B Sandbox Fence	01-06-2020	1,213	M	7	152
PRG	1	Toddler B Playground	02-06-2020	9,387	M	7	1,172
PRG	1	Outlast Cascade Play Cen	03-12-2020	4,172	M	7	521
PRG	1	Outlast Play Table Toddl	03-12-2020	1,013	M	7	127
PRG	1	Outlast Project Table To	03-12-2020	1,429	M	7	178
PRG	1	Outlast Junior Kitchen 1	03-12-2020	2,256	M	7	282
PRG	1	Large Outlast Set	03-12-2020	9,499	M	7	1,186
PRG	1	8 Dell Inspirion Laptops	01-07-2020	6,000	M	5	691
PRG	1	Dell Optiplex Desktop Li	01-07-2020	725	M	5	84
PRG	1	Computer	06-04-2020	1,550	M	5	179
PRG	1	Outdoor Classroom Furnit	06-17-2021	4,655	M	7	814



## Next Year's Depreciation Worksheet

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**2021**

Name(s) as shown on return

Tax ID Number

**Walnut Farm Montessori School Inc**

**71-0828503**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	Stone and Gravel Patio	11-12-2020	30,700	M	15	2,625
PRG	1	Move Gaga Pit	11-12-2020	2,000	M	15	171
PRG	1	Labyrinth	11-19-2020	20,000	M	15	1,710
PRG	1	Roof costs after insuran	03-31-2021	592	ADS	40	15
PRG	1	Leasehold Improvements F	12-10-2020	720	M	7	126
PRG	1	School Security System	03-12-2021	24,775	M	7	4,333
PRG	1	ESI Phone System Element	06-30-2021	2,105	M	5	404
PRG	1	New Primary Water Heater	11-30-2021	3,285	M	39	84
PRG	1	New Toddler A Siding & P	06-27-2022	26,539	M	39	680
PRG	1	Toddler Outdoor Shelving	08-30-2021	2,387	M	7	585
PRG	1	Lower El Shelves; Tables	05-25-2022	8,618	M	7	2,111
PRG	1	Aftercare Shelves	05-25-2022	772	M	7	189
PRG	1	Lower El Tables	06-29-2022	3,258	M	7	798
PRG	1	Re-surface Parking Lot	08-31-2021	72,343	M	15	6,873
PRG	1	Campus Signage	11-08-2021	8,078	M	39	207
PRG	1	Chicken Coop Fencing	12-31-2021	3,576	M	15	340
PRG	1	Landscape/Parking Lot Ch	06-22-2022	4,800	M	39	123
PRG	1	Elementary Flooring	07-29-2021	7,659	M	39	196
PRG	1	Toddler A Flooring	07-29-2021	7,381	M	39	189
PRG	1	Toddler Outdoor Activity	08-30-2021	4,802	M	7	1,176
PRG	1	Natural Playground Impro	08-31-2021	52,600	M	15	4,997
PRG	1	Playground Instruments	01-31-2022	5,603	M	7	1,372
PRG	1	Arbor; Storage Bench; Mu	01-31-2022	7,287	M	7	1,785
PRG	1	New Tradition Playground	06-14-2022	10,500	M	15	998
PRG	1	HOS Computer	08-31-2021	1,860	M	5	595
PRG	1	(3) Dell Computers (LE,	03-01-2022	5,198	M	5	1,663
PRG	1	Greenhouse	06-10-2022	28,403	M	39	728
		<b>TOTAL</b>					<b>84,902</b>

## Depreciation Reconciliation for Walnut Farm Montessori School Inc

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
Beginning of Year	1,734,544	1,642,277	65,797	690,056	5,159
Placed in Service in Current Year	264,949	264,949	13,654	13,654	
Removed from Service in Current Year	4,499	4,499		4,499	
End of Year	1,994,994	1,902,727	79,451	699,211	5,159

**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))**

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Attachment  
Sequence No. **27**

Name(s) shown on return <b>Walnut Farm Montessori School Inc</b>	Identifying number <b>71-0828503</b>
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**1** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . . **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)**

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3 Gain, if any, from Form 4684, line 39 . . . . .	<b>3</b>	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .	<b>4</b>	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .	<b>5</b>	
6 Gain, if any, from line 32, from other than casualty or theft . . . . .	<b>6</b>	0
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .	<b>7</b>	0

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .	<b>8</b>	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . .	<b>9</b>	

**Part II Ordinary Gains and Losses (see instructions)**

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


11 Loss, if any, from line 7 . . . . .	<b>11</b>	(            )
12 Gain, if any, from line 7 or amount from line 8, if applicable . . . . .	<b>12</b>	
13 Gain, if any, from line 31 . . . . .	<b>13</b>	610
14 Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .	<b>14</b>	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .	<b>15</b>	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .	<b>16</b>	
17 Combine lines 10 through 16 . . . . .	<b>17</b>	610

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . .	<b>18a</b>	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 . . . . .	<b>18b</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A Commercial Kitchen - Main		08-09-2002	09-14-2021
B			
C			
D			

  

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	610			
21	Cost or other basis plus expense of sale	4,499			
22	Depreciation (or depletion) allowed or allowable	4,499			
23	Adjusted basis. Subtract line 22 from line 21	0			
24	Total gain. Subtract line 23 from line 20	610			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	4,499			
b	Enter the smaller of line 24 or 25a	610			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions				
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions				
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e				
d	Additional depreciation after 1969 and before 1976				
e	Enter the smaller of line 26c or 26d				
f	Section 291 amount (corporations only)				
g	Add lines 26b, 26e, and 26f				
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses				
b	Line 27a multiplied by applicable percentage. See instructions				
c	Enter the smaller of line 24 or 27b				
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions				
b	Enter the smaller of line 24 or 28a				
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions				
b	Enter the smaller of line 24 or 29a. See instructions				

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	610
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	610
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	0

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	