## Form 990-EZ

Department of the Treasury

Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

n moomo rax

2020

OMB No. 1545-0047

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

-		liendar year, or tax year beginning	and	ending			
B	heck if pplicable:	C Name of organization			D Empl	yer ide	ntification number
	Address change						
	Name change	THE WALLKILL RIVER SCHOOL, INC.					97230
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telep	hone nu	mber
	Final return/ terminated	232 WARD STREET			84	5-72	28-4001
	Amended return	City or town, state or province, country, and ZIP or foreign postal code			F Grou	Exemp	tion
	Application pending	MONTGOMERY, NY 12549			Numi	er >	
G A	ccounting Met	hod: X Cash Accrual Other (specify) ▶			H Chec	· > 2	if the organization is
I V	Vebsite: 🕨 🗸	VALLKILLRIVERSCHOOL.COM			notre	quired t	o attach Schedule B
JT	ax-exempt sta	tus (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.)	4947(a	)(1) or 527	(Forn	990, 99	90-EZ, or 990-PF).
K F	orm of organiza	ation: X Corporation Trust Association	Other				
LA	dd lines 5b, 6c	, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if	total assets (Part	11,		
C	olumn (B)) are	\$500,000 or more, file Form 990 instead of Form 990-EZ				- \$	123,205
Pa	rt I Rev	enue, Expenses, and Changes in Net Assets or Fur	d Balanc	es (see the instr	uctions fo	r Part I)	
	Check	if the organization used Schedule 0 to respond to any question in this Part	(manning)	un suus muus u	CHILIPPER	مدحسسا	X
	1 Contribu	utions, gifts, grants, and similar amounts received				1	33,922
	2 Program	n service revenue including government fees and contracts				2	73,088
		ship dues and assessments				3	12,172
		ent income				4	
	5a Gross at	mount from sale of assets other than inventory	5a				
		st or other basis and sales expenses					
	c Gain or	(loss) from sale of assets other than inventory (subtract line 5b from line 5a)				5c	
	6 Gaming	and fundraising events:					
0	a Gross in	come from gaming (attach Schedule G if greater than				1	
Revenue	\$15,000	) man tanan (saman saman s	6a				
leve	b Gross in	come from fundraising events (not including \$	of contribu	tions			
-	from fun	draising events reported on line 1) (attach Schedule G if the sum of such					
	gross in	come and contributions exceeds \$15,000) (7)	6b				
	c Less; dir	rect expenses from gaming and fundraising events	6c				
	d Net inco	me or (loss) from gaming and fundraising events (add lines 6a and 6b and s	btract line 6c	)		6d	
	7a Gross sa	ales of inventory, less returns and allowances	7a				
	b Less: co	st of goods sold	7b			- 1	
	c Gross pr	rofit or (loss) from sales of inventory (subtract line 7b from line 7a)				7c	
		venue (describe in Schedule 0)				8	4,023
	9 Total rev	venue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		Date to the second	<b>&gt;</b>	9	123,205
	10 Grants a	nd similar amounts paid (list in Schedule O)			mere .	10	
	11 Benefits	paid to or for members	i III rixunia (ricus)			11	
00	12 Salaries,	other compensation, and employee benefits				12	43,055.
ns(		onal fees and other payments to independent contractors				13	40,143.
Expenses	14 Occupan	cy, rent, utilities, and maintenance				14	19,318.
ш	15 Printing,	publications, postage, and shipping				15	
	16 Other ex	penses (describe in Schedule 0)	EE SCHE	EDULE O		16	23,872.
		penses. Add lines 10 through 16			-	17	126,388.
co		or (deficit) for the year (subtract line 17 from line 9)				18	-3,183
sei		ts or fund balances at beginning of year (from line 27, column (A))					
As		ree with end-of-year figure reported on prior year's return)				19	6,098.
Net Assets		anges in net assets or fund balances (explain in Schedule 0)				20	0.
	21 Net asse	ts or fund balances at end of year. Combine lines 18 through 20			N .	1	2,915.

Form 990-EZ (2020) THE WALLKILL RIVER SCHOOL, INC. 26-2997230 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II X (A) Beginning of year (B) End of year Cash, savings, and investments 8.445. 96,223. 22 23 Land and buildings 23 Other assets (describe in Schedule O) 24 Total assets 8,445. 96,223. 25 93,308. SEE SCHEDULE O 2,347. Total liabilities (describe in Schedule O) 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 6,098. 27 2,915. Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses Check if the organization used Schedule O to respond to any question in this Part III X (Required for section 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? SEE SCHEDULE O organizations; optional for others.) Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title 28 ART CLASSES -THIS PROGRAM GIVES INDIVIDUALS THE OPPORTUNITY TO LEARN FINE ART SKILLS TAUGHT BY PROFESSIONAL ARTISTS. (Grants \$ ) If this amount includes foreign grants, check here 28a 88,472. 29 COOPERATIVE MEMBERSHIP - THIS PROGRAM OFFERS MENTORSHIP TO INDIVIDUALS ON HOW TO BECOME AN ARTIST AND HOW TO HOST AND PROMOTE ART EXHIBITS. (Grants \$ ) If this amount includes foreign grants, check here 37,916. 29a 30 (Grants \$ ) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O) ) If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a) ▶ 32 126.388. Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (b) Average hours (d) Health benefits. (e) Estimated (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) contributions to per week devoted to (a) Name and title amount of other employee benefit plans, and deferred position compensation PENNY THELMAN CHAIRMAN 2.00 0. 0. 0. CHUCK TUDOR PRESIDENT 2.00 0 0. 0 JEANNE COOK VICE PRESIDENT 2.00 0. 0. 0. JANET CAMPBELL SECRETARY 2.00 0. 0. 0. MITCHELL SALER TREASURER 2.00 0 0 0. SHAWN DELL JOYCE BOARD MEMBER 2.00 0. 0. 0. ROBIN DEGROAT BOARD MEMBER 2.00 0. 0. 0.

Form 990-EZ (2020) THE WALLKILL RIVER SCHOOL, INC. Page 3 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O X 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 34 X 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N/A c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N X 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a b Did the organization file Form 1120-POL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? X 38a b If "Yes," complete Schedule L, Part II, and enter the total amount involved N/A Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 N/A 39a b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; 0 . ; section 4912 ▶ 0 . ; section 4955 > 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T X 40e List the states with which a copy of this return is filed > NY 42a The organization's books are in care of ▶ THE OFFICE Telephone no. ► 845-457-2787 Located at > 232 WARD STREET, MONTGOMERY, NY ZIP+4 ▶ 12549 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 Yes No account)? 42b X If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of X 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

44c	X
44d	
45a	X
45b	
Form 990-	EZ (2020)

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b 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,\* Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

Form 990-E	Z (2020) THE WALLKILL RI	VER SCHOOL	, INC.			26-2997	230		Page 4
in Divis	and the second s					1		Yes	No
	e organization engage, directly or indirectly, in po ," complete Schedule C, Part I	litical campaign activitie	s on behalf of	or in opposition to	candidates for p	ublic office?			
Part VI		e Only				***************************************	46		X
, are er	All section 501(c)(3) organizations must a		49h and 52	and complete th	a tables for line	0 FO 4 F t			
	Check if the organization used Schedule	O to respond to any	question in	this Part VI	e tables for life	is ou and on.			
					***************************************		2713114	Yes	No
47 Did the	e organization engage in lobbying activities or have	e a section 501(h) elect	tion in effect d	uring the tax year?	If "Yes," complet	e Sch. C, Part II	47		X
	organization a school as described in section 170			lule E	: 111100000000		48		X
49a Did the	e organization make any transfers to an exempt n	on-charitable related or	ganization?	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ioniniai in	0.000.000.000	49a		X
b If Yes,	was the related organization a section 527 orga	nization?	own manual and			mar-reconstruction	49b		
50 Compl	ete this table for the organization's five highest co	ompensated employees	(other than of	ficers, directors, tru	stees, and key e	mployees) who e	ach re	ceived r	more
tilali p	100,000 of compensation from the organization.  (a) Name and title of each employee	if there is none, enter N	7-1-1	an hours	1.1	(4)	T		V - V
	(a) Name and the or each employee			devoted to con	(C) Reportable npensation (Forms	(d) Health benefits contributions to		Estima ount of	
	NON	E		ition	V-2/1099-MISC)	employee benefit plans, and deferred	1 6 2 1	mpensa	
	11011	-				compensation	-	10.00	
							-		
f Total n	umber of other employees paid over \$100,000	171111111111111111111111111111111111111							_
(a)	Name and business address of each independen	nt contractor		<b>(b)</b> Type	of service	(c) C	omper	nsation	
d Total nu	mber of other independent contractors each rece	iving over \$100,000	THEOLOGICAL		-				
	organization complete Schedule A? Note: All sect	ion 501(c)(3) organizati	ons must attac	ch a					
	ed Schedule A			****		▶ X	Yes		No
nder penaitie	es of perjury, I declare that I have examined this re	eturn, including accomp	anying schedu	iles and statements	, and to the best	of my knowledge	and t	elief, it	is
JE, COLLECT, 2	and complete. Declaration of preparer (other than	officer) is based on all i	nformation of	which preparer has	any knowledge.	1		,	
ign	Signature of during the signat	000				Date 2 -	21		_
ere	EXECUTIVE DIRECTOR Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date	Check [	if PTIN			
aid					self- employe	100			
reparer	GARY C THEODORE, CPA	heden		01/25/21		P0012	99	67	
se Only	Firm's name ▶ NUGENT & HAEU	SSLER, P.C			-	14-156			_
	Firm's address ► 101 BRACKEN	ROAD				845-457-			
Cata the	MONTGOMERY,								
ay the IRS di	scuss this return with the preparer shown above?	? See instructions		HALF BUS		▶ X			No
						For	n oon	E7 (20	1001

### SCHEDULE A (Form 990 or 990-EZ)

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 for instructions and the latest information.

2020

Open to Public Inspection

Name of the organization

THE WALLKILL RIVER SCHOOL INC

Employer identification number

Part I	Reason for Duk	die Cherity Ctety	KIVER SCHOOL	INC			26-2997230
	ricusori iti Fuk	one chanty Statu	S. (All organizations mus	t complete	this part.	) See instructions.	
The organ	nization is not a private	foundation because it i	s: (For lines 1 through 12	check or	nly one bo	x.)	
1	A church, convention	of churches, or associa	ation of churches describ	ed in sec	tion 170(b	)(1)(A)(i).	
2	A school described in	section 170(b)(1)(A)(ii	). (Attach Schedule E (Fo	rm 990 or	990-EZ).)		
3	A hospital or a cooper	ative hospital service of	organization described in	section 1	70(b)(1)(A	Miii).	
4	A medical research or	ganization operated in	conjunction with a hospi	tal describ	ed in sect	tion 170/bV1VAViiii) For	for the hospital's name
1	city, and state:			201		ion motor martin. Em	ter trie riospitars riame,
5	An organization opera	ted for the benefit of a	college or university own	ed or one	rated by a	Anunenmental - Vill	No. As
	section 170(b)(1)(A)(i	v). (Complete Part II.)	or annotally own	ied of ope	lated by a	governmental unit desc	cribed in
6			remental welt described	0.5 ( - D.7 )		au/c	
7 X	An organization that or	ormally receives a cub-	mmental unit described i	n section	170(b)(1)(	A)(v).	
	section 170/bV4VAV	(Complete Day 11)	stantial part of its suppor	t from a go	overnment	al unit or from the gene	ral public described in
8	section 170(b)(1)(A)(v						
	A community trust des	cribed in section 170(	b)(1)(A)(vi). (Complete P	art II.)			
9	An agricultural researc	n organization describe	ed in section 170(b)(1)(A	(ix) opera	ated in con	junction with a land-gra	nt college
	or university or a non-la	and-grant college of ag	riculture (see instruction:	s). Enter th	e name, c	ity, and state of the coll	ege or
	university.						
10	An organization that no	ormally receives (1) mo	re than 33 1/3% of its su	pport from	contribut	ions, membership fees	and gross receipts from
	activities related to its	exempt functions, subj	ect to certain exceptions	; and (2) n	o more tha	an 33 1/3% of its suppor	ort from groce investment
	income and unrelated i	business taxable incon	ne (less section 511 tax)	from busin	lesses aco	uired by the organization	on after lues 30, 1075
	See section 509(a)(2).	(Complete Part III.)	The state of the s			dired by the organization	on alter June 30, 1975
11			usively to test for public :	safety See	section A	500(5)(4)	
12	An organization organization	zed and operated exclu	usively for the benefit of,	to perform	the funct	ions of orto arms act to	
	more publicly supporte	d organizations descri	bed in section 509(a)(1)	or continu	EDOV-VOV	See to carry out to	ne purposes of one or
	lines 12a through 12d t	hat describes the type	of supporting organizati	or section	1509(a)(2)	. See section 509(a)(3).	Check the box in
а	Type I A supporting	organization operated	or supporting organizati	on and co	mplete line	es 12e, 12f, and 12g.	
	the supported organi	action(a) the action to	supervised, or controlle	d by its su	pported or	rganization(s), typically t	by giving
	area institution M	zation(s) the power to	regularly appoint or elect	a majority	of the dire	ectors or trustees of the	supporting
		st complete Part IV,					
D	Type II. A supporting	organization supervise	ed or controlled in conne	ction with	its suppor	ted organization(s), by h	naving
	control or manageme	nt of the supporting or	ganization vested in the	same pers	ons that c	ontrol or manage the su	pported
_	organization(s) Your	must complete Part IV	, Sections A and C.			7. 7	37,2023
c	Type III functionally	integrated. A supporti	ing organization operated	in connec	ction with,	and functionally integra	ited with
	its supported organiz	ation(s) (see instruction	ns). You must complete	Part IV. S	ections A	D. and F.	illou mini
d L	Type III non-function	nally integrated. A sup	porting organization ope	rated in co	onnection	with its supported organ	nization(e)
	that is not functionally	integrated. The organ	nization generally must sa	tisfy a dist	tribution re	and irement and an atter	nization(s)
	requirement (see instr	ructions). You must co	emplete Part IV, Section	e A and D	and Dan	squirement and an atter	itiveness
e	Check this box if the	organization received a	written determination fr	om the IDC	, and Pari	. V.	
	functionally integrated	or Type III non-functi	onally integrated suppor	Una amari	s that it is	a Type I, Type II, Type II	1
f Enter	the number of support	ed organizations	orially integrated suppor	ing organi	zation.		
	de the following informa		to describe the to	011111111111111111111111111111111111111			
(i)	Name of supported	(ii) EIN	(iii) Type of organization	1 (iv) is the orga	anization listed	I GA Assessment of the control of th	
	organization	(17,327)	(described on lines 1-10	in your govern	ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other
			above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
ital							
2001							

Schedule A (Form 990 or 990-EZ) 2020 THE WALLKILL RIVER SCHOOL, INC. 26-29972

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.)

1	indar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	100410
							(4) Total
2						(6) 2020	(f) Total
2	include any "unusual grants.")	48,551.	29,814.	28,468.	44,868.	46,094.	197,795.
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	48,551.	29,814.	28,468.	44,868.	46,094.	197,795.
5	The portion of total contributions					20,052.	131,133.
	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)						
	Public support, Subtract line 5 from line 4.						197,795.
Sec	tion B. Total Support						131,133.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	48,551.	29,814.	28,468.	44,868.	46,094.	197,795.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						23171331
	and income from similar sources					0.0	
9	Net income from unrelated business activities, whether or not the					23.	23.
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						197,818.
12	Gross receipts from related activities, e	tc. (see instruction	is)	***********		12	629,344.
13	First 5 years. If the Form 990 is for the					01(c)(3)	
iec	organization, check this box and stop hation C. Computation of Public	Support Par	ontago			(*) *-:*:::::::::::::::::::::::::::::::::	
14	Public support percentage for 2020 (line	6 solumn (f) div	ided by the 11 or	L		7	00.00
15	Public support percentage from 2019 S	chedule A Part II	line 14	iumn (1))	inneuroumens	14	99.99 %
16a :	33 1/3% support test - 2020. If the org	anization did not	check the house li	no 10 and fac 44		15 ]	.00.00 %
-	stop here. The organization qualifies as	a publicly suppor	ted organization	ne 13, and line 14	15 33 1/3% or mo	ore, check this box	and
b	33 1/3% support test - 2019. If the org	anization did not	check a box on line	13 or 16a and lin	a 15 ic 33 1/30/	or more, check this	► X
é	and stop here. The organization qualifie	s as a publicly su	pported organization	on	10 10 10 00 17070	of filore, crieck tris	S DOX
7a	10% -facts-and-circumstances test -	2020. If the organ	ization did not che	ck a box on line 1:	3 16a or 16b ar	nd line 14 is 10% o	rmore
	and if the organization meets the facts-a	and-circumstances	test, check this b	ox and stop here.	Explain in Part V	how the organiza	tion
T	neets the facts-and-circumstances test	. The organization	qualifies as a publ	icly supported org	anization	nen me organiza	<b>NOT</b>
b f	10% -facts-and-circumstances test -	2019. If the organ	ization did not che	ck a box on line 1	3, 16a, 16b, or 17	a, and line 15 is 1	0% or
r	nore, and if the organization meets the	facts-and-circums	tances test, check	this box and stop	here. Explain in	Part VI how the	
C	organization meets the facts-and-circum	stances test. The	organization qualif	ies as a publicly si	upported organiz	ation	
8 F	Private foundation. If the organization of	did not check a bo	x on line 13, 16a, 1	6b, 17a, or 17b, o	heck this box an	d see instructions	•

(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
_						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
						1
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
2 Other income, Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First 5 years, If the Form 990 is for the	organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section	501(c)(3) organization	on,
check this box and stop here				************		
ection C. Computation of Public						
5 Public support percentage for 2020 (line	8, column (f), di	vided by line 13, o	column (f))		15	
6 Public support percentage from 2019 S			100		16	
ection D. Computation of Investr	ment Income	Percentage			1101	
7 Investment income percentage for 2020			12 daluma (0)		Taal	
B Investment income percentage from 20:	10 Cohodala & 5				17	
Parada non Eo			union monimina		18	
9a 33 1/3% support tests - 2020, If the or	ganization did no	ot check the box o	n 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 c	rganization qualifi	es as a publicly su	pported organiza	ation	<b>&gt;</b>
b 33 1/3% support tests - 2019. If the organic	ganization did no	t check a box on	line 14 or line 19a,	and line 16 is me	ore than 33 1/3%, ar	nd
line 18 is not more than 33 1/3%, check	this box and sto	p here. The organ	ization qualifies as	a publicly suppl	orted organization	
Private foundation. If the organization of	did not check a h	ox on line 14 19a	or 19h check this	s hav and san in	etnictions	HOUSE SE
The state of the s		5. On mio 14, 13d	or 100, UTBUK (NI	a nox and see in	SHUCHORS	

#### 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
   Did the organization have any supported organization that does not have an IRS determination of status
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1	Yes	No
1		
14.7		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a	4	-
5b 5c	= 4	_
30		
6		
7		
8	+	
9a		
9b	4	
9c		
10a		
10b		_

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to11a, 11b, or 11c, provide	1.0		1
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	1110		
			Yes	No
1	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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	1		
	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? If "Yes," describe in Part VI the role the organization's			
C	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	15).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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? 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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	-		
	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? If "Yes" or "No" provide details in Part VI.	3a	-	
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	11		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 THE WALLKILL RIVER SCHOOL, INC. 26-29

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Part V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizations	20-2331230 Page
Check here if the organization satisfied the Integral Part Test     All other Type III non-functionally integrated supporting organ		n Part VI). See instructions
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	i	
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 instruct	tions) 6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e	
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 see instructions).		
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 Minimum Asset Amount (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 Distributable Amount. Subtract line 5 from line 4, unless subject to		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

emergency temporary reduction (see instructions).

instructions).

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

-	tion D - Distributions	A. V. Seattle and S.			Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpor	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			3	
5	Qualified set-aside amounts (prior IRS approval required - p.	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions, Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	the organization is responsive	9	1	
9	Distributable amount for 2020 from Section C, line 6			8	
10	Line 8 amount divided by line 9 amount			9	
	arrada, a finite o arradin	(i)	705	10	and the second
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016	1			
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7:				
а	Applied to underdistributions of prior years			-	
	Applied to 2020 distributable amount			-	
	Remainder, Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				

Schedule A (Form 990 or 990-EZ) 2020

any. Subtract lines 3g and 4a from line 2. For result greater

Excess distributions carryover to 2021. Add lines 3j

than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

Schedule A	(Form 990 or 990 EZ) 2020 THE WALLKILL RIVER SCHOOL, INC.	26-2997230	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section	
:			

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE WALLKILL RIVER SCHOOL,

Employer identification number 26-2997230

DESCRIPTION OF OTHER REVENUE:				A	MOUI	NT:
INTEREST INCOME						23
ECONOMIC INJURY DISASTER GRANT						4,000
TOTAL TO FORM 990-EZ, LINE 8		_			4	4,023
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:						
DESCRIPTION OF OTHER EXPENSES:				Al	MOUN	NT:
INSURANCE					3	3,585
OFFICE SUPPLIES AND REFRESHMENTS					1	,631
ART SUPPLIES						463
OTHER BUSINESS EXPENSES						794.
BANK CHARGES & FEES					2	,848.
ADVERTISING & MARKETING					1	,627.
FUNDRAISING						140.
PAYROLL TAXES					3	,429.
PAYROLL SERVICE FEES						936.
EQUIPMENT					1	,388.
GALLERY EXPENSES					3	,145.
CHARITABLE CONTRIBUTIONS					1	,500.
SOFTWARE & LICENSES					2	,386.
TOTAL TO FORM 990-EZ, LINE 16					23	,872.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:						
DESCRIPTION BEG	. 0	F	YEAR	END	OF	YEAR
PAYROLL TAXES PAYABLE  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.			361.	Form 990 o		, 362.