Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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

Department of the Treasury Internal Revenue Service

			-		
		2021 calendar year, or tax year beginning and ending			
В	Check if	C Name of organization	D Employer identification number		
	Addr	ess change			
	Nam	e change THE WALLKILL RIVER SCHOOL, INC.	26-2997230		
	Initia	Number and street (or P.O. box if mail is not delivered to street address) Room/suite			
		return/ 232 WARD STREET	8	845-7	28-4001
Γ		City or town, state or province, country, and ZIP or foreign postal code		oup Exem	
F		ation pending MONTGOMERY, NY 12549		ımber 🕨	ption
G		nting Method: X Cash Accrual Other (specify)			X if the organization is
		e: DWALLKILLRIVERSCHOOL.COM			to attach Schedule B
		empt status (check only one) — X 501(c)(3)		orm 990).	to attach concale b
		f organization: X Corporation Trust Association Other	7.	01111 000/.	
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	II.		
		(B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		S	168,396.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	iction		100,350.
		Check if the organization used Schedule O to respond to any question in this Part I			,
	1	Contributions, gifts, grants, and similar amounts received		1	51,220.
	2	Program service revenue including government fees and contracts		2	104,234.
	3	Membership dues and assessments		3	12,860.
	4	Investment income		4	12,000.
	5a	Gross amount from sale of assets other than inventory 5a 5a		7	
	b	Less: cost or other basis and sales expenses 5b		-	
	0			5c	
	6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events:		30	
	,	Gross income from gaming (attach Schedule G if greater than			
nue	, a	0.15 0.00)			
Revenue	h	Gross income from fundraising events (not including \$ of contributions			
Ä	"	from fundraising events reported on line 1) (attach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000) 6b			
	4	Less: direct expenses from gaming and fundraising events		6d	
	7a	Gross sales of inventory, less returns and allowances 7a		ou	
	b				
	0	Less: cost of goods sold		70	
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O		7c 8	82.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	168,396.
	10			10	100,390.
	11	Grants and similar amounts paid (list in Schedule 0) Benefits paid to or for members		11	
"	12	Salaries, other compensation, and employee benefits		12	55,111.
ses	13	Professional fees and other payments to independent contractors		13	52,112.
Expenses	14	Occupancy, rent, utilities, and maintenance		14	25,252.
$\overline{\mathbf{x}}$	15	Printing, publications, postage, and shipping		15	258.
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O		16	35,587.
	17	Total expenses. Add lines 10 through 16		17	168,320.
	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	76.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		10	70.
488	13	(must agree with end-of-year figure reported on prior year's return)		19	2,915.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	2,991.
LH		Paperwork Reduction Act Notice, see the separate instructions.		1 = 1	Form 990-EZ (2021)

Form 990-EZ (2021) 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 22 96,223. 86,786. 23 Land and buildings 23 Other assets (describe in Schedule 0) 24 24 96,223. 25 Total assets 86,786. 25 Total liabilities (describe in Schedule O) SEE SCHEDULE O 93,308. 26 83,795. Net assets or fund balances (line 27 of column (B) must agree with line 21) 2,915. 2,991. 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 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise others.) manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. ART CLASSES - THIS PROGRAM GIVES INDIVIDUALS THE OPPORTUNITY TO LEARN FINE ART SKILLS TAUGHT BY PROFESSIONAL ARTISTS.) If this amount includes foreign grants, check here (Grants \$ 28a 117,824. COOPERATIVE MEMBERSHIP - THIS PROGRAM OFFERS MENTORSHIP TO INDIVIDUALS ON HOW TO BECOME AN ARTIST AND HOW TO HOST AND PROMOTE ART EXHIBITS.) If this amount includes foreign grants, check here (Grants \$ 50,496. 29a 30 (Grants \$) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 312 Total program service expenses (add lines 28a through 31a) ▶ 32 168. 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 (c) Reportable (d) Health benefits, (e) Estimated compensation (Forms W-2/1099-MISC/ contributions to per week devoted to (a) Name and title amount of other employee benefit plans, and deferred compensation 1099-NEC) (if not paid, enter -0-) position compensation PENNY THELMAN CHAIRMAN 5.00 0. 0. 0. MAUREEN CRUSH PRESIDENT 5.00 0 0 0. GLORIA BONELLI 5.00 VICE PRESIDENT 0. 0. 0. LOUISE PEDRICK SECRETARY 5.00 0. 0. 0. CONOR ECKERT TREASURER 5.00 0. 0. 0. SHANE DALEY ASST. TREASURER 5.00 0. 0. 0. MAAIKE WIEGMAN-LEAVEY ASST. SECRETARY 5.00 0. 0. 0. SUSIE SOHN BOARD MEMBER 3.00 0. 0. 0.

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

	, o and the any queetion in a	110 1 0	41 L V			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		Yes	No		
	activity in Schedule O					
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended					
0.5	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions					
358	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		
L	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		
·	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					
36	requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	35c		X		
00	2 C					
37 a	February and a figure 1 and 1	36		X		
h	Diddle and the Class and the C	37b		x		
	Did the organization file Form 1120-POL for this year? 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?	38a	1153	х		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	30a		Δ		
39	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:					
	section 4911 ▶ 0 . ; section 4912 ▶ 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					
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed					
	by the organization All organizations At any time during the toward was the proprieties and the second se					
е	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					
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NY	40e		_X_		
	The organization's books are in care of THE OFFICE Telephone no. 845-45	7 2	707			
	Located at ► 232 WARD STREET, MONTGOMERY, NY ZIP+4 ► 1					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	434				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	Г	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		X		
	If "Yes," enter the name of the foreign country					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A				
		г				
	Did the appropriation projection and described for the first the CMW (#5 cooperation)		Yes	No		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of					
	Form 990-EZ	44a		X		
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	441		37		
	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44b		X		
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44c		X		
u	in Schedule 0	44d				
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	X		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	7Ja	1	22		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b				

Forn	m 990-EZ (2021) THE WALLKILL	RIVER SCHOOL	, INC.			26-2997	230		Page
									Yes	
46	Did the c	organization engage, directly or indirectly, in								
D		Complete Schedule C, Part I	O					46		X
FC	art VI	Section 501(c)(3) Organization	•	101 1 50						
		All section 501(c)(3) organizations mu	st answer questions 4/	-49b and 52, a	nd comple	te the tables for line	es 50 and 51.			
		Check if the organization used Sched	ule O to respond to any	question in th	is Part VI					NI.
47	Did the o	rganization engage in lobbying activities or	have a section 501(h) elec	tion in affect dur	ing the toy	100rQ	1		Yes	No
.,	If "Yes."	complete Sch. C. Part II	nave a section 50 I(II) elec	tion in enect dur	ing the tax y	ear?		47		37
48	Is the ord	complete Sch. C, Part II	170(h)(1)(Δ)(ii)? If "Ves " c	omnlete Schedul	 Ia F			47		X
	Did the o	rganization make any transfers to an exemp	of non-charitable related or	nanization?	IG L			48		X
b	h If "Voo " woo the related exercised in 507						49a 49b		X	
50	Complete	e this table for the organization's five highes	t compensated employees	(other than offic	ers director	s trustees and key e	mnlovees) who e	ach ro	coived	moro
	than \$10	0,000 of compensation from the organization	on. If there is none, enter "N	Vone."	0, 0, 0,000	o, ir dotoco, aria koy c	inployees/ wild e	aciiie	ceiveu	HOLE
		(a) Name and title of each employ		(b) Average	e hours	(C) Reportable	(d) Health benefits	10) Estima	ated
				per week de	voted to	compensation (Forms W-2/1099-MISC/	contributions to employee benefit	1	ount of	
		NO	ONE	position	on	1099-NEC)	plans, and deferred compensation		mpensa	ition
								T		
								+		
f	Total nun	nber of other employees paid over \$100,000	l							
51		this table for the organization's five highes			n each rece	ived more than \$100 i	000 of compans	tion fr	om tho	
			ONE	it donti dotors wii	io cacii i ccc	ived more man proo,	oo or compensa	LIOII II	om me	
		lame and business address of each indeper	ident contractor		(b)	Type of service	(c) (omne	nsation	
					(-)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0)	ompo	Toution	
		·								
	Total num	her of other independent contractors cook	**************************************							
		ber of other independent contractors each ganization complete Schedule A? Note : All		tions must attack						
02							▶ 🔽	Yes		1
Unde		of perjury, I declare that I have examined t	nis return, including accom	nanving schedul	les and state	ements, and to the hes	et of my knowled	ne and	haliaf i	No
		nd complete. Declaration of preparer (other						je aliu	Dellei, I	1 15
			,			- indo drif informodge				
Sig	n 🚩	Signature of officer					Date			
Her	e	EXECUTIVE DIRECTOR								
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Paid	d		1			self- employ	ed			
	parer	GARY C THEODORE, CP			04/28	/22	P001	299	67	
	Only	Firm's name ▶ NUGENT & HA		Z.		Firm's EIN	▶14-156	737	0	
	-	Firm's address ► 101 BRACKE					845-457			
		MONTGOMERY								
May t	the IRS dis	cuss this return with the preparer shown at	ove? See instructions				× X	Yes		No

Form 990-EZ (2021)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE WALLKILL RIVER SCHOOL, INC. Employer identification number 26-2997230

Pa	ırt I	Reason for Public (Charity Status.	(All organizations must o	complete t	his part.) S	See instructions.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, of	check only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
	\Box	A school described in sect i)// // O(D)(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	\vdash					_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	***	
3		A hospital or a cooperative						
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in section	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C		environ to the state of the sta				
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coni	inction with a land-grant	college
9		or university or a non-land-g	na anno anno anno anno anno anno			15		
		university:	grant college or agric	alture (see instructions)	. Litter tile	marrie, cit	y, and state of the coneg	01
10			Ily receives (1) more	than 22 1/20/ of its our	nort from	contributio	no momborobin foco o	nd areas ressints from
10		An organization that norma	-					-
		activities related to its exen						
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform :	the function	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1)	rsection	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o						
b		Type II. A supporting org			tion with it	ts support	ed organization(s), by ha	ivina
~		control or management o	7.					-
		organization(s). You mus			arrio perse	ono triat ot	orthor or manage the sup	ported
		_			in connoc	tion with	and functionally integrat	ad with
C	· L	Type III functionally inte						ed with,
		its supported organizatio	20.00					
C							12.0	
		that is not functionally int	0					iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	er the number of supported of	organizations					
g	Prov	vide the following information		ed organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				9				
						-		
Tot:	al					l .		

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	29,814.	28,468.	44,868.	46,094.	64,080.	213,324.
2	Tax revenues levied for the organ-				•		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	29,814.	28,468.	44,868.	46,094.	64,080.	213,324.
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.						213,324.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	29,814.	28,468.	44,868.	46,094.	64,080.	213,324.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				23.	82.	105.
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						213,429.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	582,488.
13	First 5 years. If the Form 990 is for the					1 / 1	
_	organization, check this box and stop						
	ction C. Computation of Publ						
	Public support percentage for 2021 (I					14	99.95 %
	Public support percentage from 2020					15	99.99 %
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2020. If the condition support					THE RESIDENCE OF THE PROPERTY	
47-	and stop here. The organization quali						
17 a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
h	meets the facts-and-circumstances te					70 and line 45 is 4	
a	10% -facts-and-circumstances test						U% or
	more, and if the organization meets the						. —
10	organization meets the facts-and-circu						
10	Private foundation. If the organization	i did flot crieck a t	on on me is, iba,	10D, 17a, 0r 1/b,	check this box ar	iu see instructions	

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)				Section 2017 Flags		
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
t	Unrelated business taxable income				The state of the s		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	ction C. Computation of Publ						
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					T	(5.22)
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the	_					17 is not
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2020. If the						
0.0	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see in:	structions	

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

- 1 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.
- 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).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

	Yes	No
1		
2		
3a		
3b		-17
3c		
4a		
	44	
4b		
4c		
5a		
5b		
5c		
6		
7	1202	
8		
9a		
9b		
9c		
10a		
10b		

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

a 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.

these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

3a

Sche	dule A (Form 990) 2021 THE WALLKILL RIVER SCH			26-2997230 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-	st complete	Sections A through E.	
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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			
	emergency temporary reduction (see instructions).	6		

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) 2021

instructions).

OCITE	dule A (FOITT 550) 2021 TILD WALLING	KIVER DCHOOL,	TIAC.		3 233 1230 Page 1
Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ıs	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pri		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 t	the organization is responsive	Э		
	(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) (ii) Excess Distributions Underdistr Pre-20				ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			1 5	
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able 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	Total 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)				
i_	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				
	Applied to 2021 distributable amount				
	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	Excess distributions carryover to 2022. Add lines 3j				

Schedule A (Form 990) 2021

and 4c.

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 O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE WALLKILL RIVER SCHOOL, INC.

Employer identification number 26-2997230

THE WALLKILL RIVER SCHOOL, INC.	26	5-2997230
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION OF OTHER REVENUE:		AMOUNT:
INTEREST INCOME	-	82.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		*
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
INSURANCE		3,915.
OFFICE SUPPLIES AND REFRESHMENTS		1,405.
ART SUPPLIES		747.
OTHER BUSINESS EXPENSES		48.
BANK CHARGES & FEES		4,004.
ADVERTISING & MARKETING		3,994.
FUNDRAISING		641.
PAYROLL TAXES		4,888.
PAYROLL SERVICE FEES		755.
EQUIPMENT		624.
GALLERY EXPENSES		8,465.
SOFTWARE & LICENSES		2,299.
GRANT EXPENDITURES		3,686.
WEBSITE		116.
TOTAL TO FORM 990-EZ, LINE 16		35,587.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES	:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAXES PAYABLE	1,362.	1,918.
OTHER LIABILITIES	2,596.	2,277.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sc	hedule 0 (Form 990) 2021