

Return of Organization Exempt From Income Tax

2018

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 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: Name (EARTHPLACE INC), EIN (06-0740523), Address (10 WOODSIDE LANE, WESTPORT, CT 06880), Website (WWW.EARTHPLACE.ORG), and Form of organization (Corporation).

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense breakdown.

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.

Signature area for Jeffrey N Stefanowicz, Treasurer, including signature and date fields.

Paid Preparer Use Only section for John J Visconti, including name, signature, date, and firm information (VISCONTI & ASSOCIATES, PC).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

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: DEDICATED TO NATURE DISCOVERY AND ENVIRONMENTAL LEARNING THROUGH EDUCATION, EXPERIENCE AND ACTION.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 889,005 including grants of \$) (Revenue \$ 1,186,192) EARTHPLACE EARLY CHILDHOOD EDUCATION PROGRAMS INCLUDE A PRESCHOOL THAT IS NATIONALLY ACCREDITED BY NAEYC AND IS LICENSED BY THE STATE OF CONNECTICUT SERVING CHILDREN AGED ZERO THROUGH FIVE INCLUDING A FULL-TIME PROGRAM FOR WORKING PARENTS. OTHER PROGRAMS INCLUDE A NURSERY, TODDLER PLAY GROUP, STORY TIMES WITH LIVE ANIMALS AND AN AFTERSCHOOL NATURE ENRICHMENT PROGRAM FOR GRADES K-5TH. THE EDUCATORS AT EARTHPLACE BELIEVE THAT CHILDRENS' NATURAL CURIOSITY MOTIVATES THEM TO EXPLORE AND INVESTIGATE BOTH THE CLASSROOM AND OUTDOOR ENVIRONMENTS. OUTDOORS, THE STUDENTS PLAY ON THE NATURE-THEMED PLAYGROUND, WALK ON THE TRAILS, INVESTIGATE THE 62 ACRE WILDLIFE SANCTUARY AND VISIT THE OUTDOOR BIRDS OF PREY. ANIMALS IN THE EARTHPLACE TEACHING COLLECTION ARE ALSO BROUGHT INTO THE CLASSROOMS EACH WEEK BY THE NATURALISTS.

4b (Code:) (Expenses \$ 528,866 including grants of \$) (Revenue \$ 94,465) THE HARBOR WATCH WATER QUALITY MONITORING PROGRAM WAS FOUNDED IN 1986. SINCE THEN, IT HAS GROWN TO INCLUDE A STAGE CERTIFIED WATER QUALITY LABORATORY, THREE RESEARCH VEHICLES, AND AN AWARD WINNING REPUTATION. ITS FIELD AND LAB WORK FOLLOWS EPA APPROVED QUALITY ASSURANCE PROJECT PLANS. THE GOAL OF HARBOR WATCH IS TO: PROVIDE THE PEOPLE OF CONNECTICUT WITH THE DATA, KNOWLEDGE, AND FIELD EXPERTISE NECESSARY TO SAFEGUARD OUR WATERWAYS, EDUCATE OUR COMMUNITIES ABOUT WATERSHED ISSUES, AND TRAIN VOLUNTEERS AND STUDENT INTERNS THROUGH HANDS-ON RESEARCH. HARBOR WATCH HAS STEADILY EXPANDED ITS GEOGRAPHY FROM LONG ISLAND SOUND TO RIDGEFIELD, AND GREENWICH TO STRATFORD.

4c (Code:) (Expenses \$ 206,412 including grants of \$) (Revenue \$ 343,715) AT EARTHPLACE SUMMER CAMP, WE WELCOME CAMPERS OF ALL ABILITIES FROM AGES 2-15. ALL ENJOY AN UNSPOILED, NATURAL SETTING-ON THE TRAILS, BY THE POND, IN THE FIELDS, OR UNDER THE SHADE OF OUR PINE GROVE. CAMPS RUN IN WEEKLY SESSIONS FROM MID-JUNE THROUGH MID-AUGUST. OUR STAFF IS TRAINED TO ENSURE A SAFE AND FUN SUMMER FILLED WITH ADVENTURE, FRIENDSHIPS, AND PLENTY OF FRESH AIR. WITH ENGAGED STAFF AND A TON OF ROTATING NATURE-BASED ACTIVITIES, EACH WEEK IS SURE TO BE A NEW AND EXCITING EXPERIENCE FOR EVEN THE MOST FREQUENT CAMPER.

4d Other program services (Describe in Schedule O.) (Expenses \$ 582,461 including grants of \$) (Revenue \$ 201,442)

4e Total program service expenses 2,206,744

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various IRS requirements and their status.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, contributions, and organizational status.

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 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include questions 1a-1b, 2-9 regarding governing body members, relationships, and documentation.

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

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include questions 10a-16b regarding local chapters, conflict of interest, whistleblower, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> Connecticut
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 in 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: -> LAWANZA HOLDER (203)277-7253, 10 WOODSIDE LANE, WESTPORT, CT 06880

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 (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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) KERRY FITZGERALD VICE PRESIDENT & SECRETARY	1.00	X		X				0	0	0
(2) ELIZABETH FALK TRUSTEE	1.00	X						0	0	0
(3) JEFFREY M STEFANOWICZ TREASURER	1.00	X		X				0	0	0
(4) HELEN GARTEN PRESIDENT	1.00	X		X				0	0	0
(5) PETER ZAKOWICH TRUSTEE	1.00	X						0	0	0
(6) JIM CORGEL TRUSTEE	1.00	X						0	0	0
(7) NIKKI GORMAN, MD TRUSTEE	1.00	X						0	0	0
(8) MATTHEW MANDELL TRUSTEE	1.00	X						0	0	0
(9) SHERRY JAGERSON TRUSTEE	1.00	X						0	0	0
(10) HOWARD LATHROP TRUSTEE	1.00	X						0	0	0
(11) DIANE MASHIA TRUSTEE	1.00	X						0	0	0
(12) KENNETH BERNHARD BOARD ATTORNEY	1.00	X						0	0	0
(13) ANTHONY MCDOWELL EXECUTIVE DIRECTOR	40.00			X				120,000	0	0
(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) -----										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							120,000	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 **▶** 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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
5 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 **▶**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	25,924				
	c Fundraising events	1c	22,895				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	229,905				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	337,397				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶		616,121				
Program Service Revenue			Business Code				
	2a PROGRAM FEES	900099	1,825,814	1,825,814			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶		1,825,814					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		27,806			27,806	
	4 Income from investment of tax-exempt bond proceeds . . . ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	54,276				
		(ii) Personal					
		b Less: rental expenses	6,923				
		c Rental income or (loss)	47,353				
	d Net rental income or (loss) ▶		47,353	47,353			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including \$ 22,895 of contributions reported on line 1c). See Part IV, line 18 a		95,075				
		b Less: direct expenses b	27,474				
c Net income or (loss) from fundraising events ▶			67,601			67,601	
9a Gross income from gaming activities. See Part IV, line 19 a							
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a							
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS REVENUE	900099	18,633	18,633				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶		18,633					
12 Total revenue. See instructions ▶		2,603,328	1,891,800	0		95,407	

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	120,000	42,000	12,000	66,000
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	1,730,526	1,345,894	191,558	193,074
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits	162,488	121,866	17,874	22,748
10	Payroll taxes	134,479	100,859	14,793	18,827
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
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.) . .	43,879	20,184	23,256	439
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	47,414	44,154	2,717	543
17	Travel	53,138	52,607	531	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	186,159	186,159		
23	Insurance	33,889	32,533	1,017	339
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM EXPENSES	100,610	98,598	1,006	1,006
b	MAINTENANCE	34,161	30,403	3,416	342
c	ADMINISTRATIVE	68,888	55,108	10,335	3,445
d	UTILITIES	43,671	40,177	3,057	437
e	All other expenses _____	57,027	36,202	2,738	18,087
25	Total functional expenses. Add lines 1 through 24e .	2,816,329	2,206,744	284,298	325,287
26	Joint costs. 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)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	164,443	1	34,478
	2	Savings and temporary cash investments	624,293	2	565,112
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	47,746	4	122,529
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	49,502	9	50,226
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,189,945	
	b	Less: accumulated depreciation	10b	2,780,625	
			2,524,068	10c	2,409,320
	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		14	
15	Other assets. See Part IV, line 11	167,109	15	167,109	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,577,161	16	3,348,774	
Liabilities	17	Accounts payable and accrued expenses	157,345	17	190,489
	18	Grants payable		18	
	19	Deferred revenue	554,170	19	526,223
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	217,266	23	235,870
	24	Unsecured notes and loans payable to unrelated third parties		24	
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	8,250	25		
26	Total liabilities. Add lines 17 through 25	937,031	26	952,582	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,445,148	27	2,264,973
	28	Temporarily restricted net assets	131,263	28	131,219
	29	Permanently restricted net assets	63,719	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,640,130	33	2,396,192	
34	Total liabilities and net assets/fund balances	3,577,161	34	3,348,774	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,603,328
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,816,329
3	Revenue less expenses. Subtract line 2 from line 1	3	(213,001)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,640,130
5	Net unrealized gains (losses) on investments	5	13,013
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(43,950)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,396,192

Part XII Financial Statements and Reporting

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

		Yes	No
1	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 in Schedule O.		
2a	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	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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 in Schedule O.	X	
3a	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	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning 07-01, 2018, and ending 06-30, 2019.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3), 501(c)(3) Organizations Only

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 3,348,774</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) EARTHPLACE INC</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 10 WOODSIDE LANE</p> <p>City or town, state or province, country, and ZIP or foreign postal code WESTPORT, CT 06880</p>	<p>D Employer identification number (Employees' trust, see instructions.) 06-0740523</p> <p>E Unrelated business activity code (See instructions.) 452000</p>
		<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here **SALE OF GENERAL MERCHAN**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsubsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ **LAWANZA HOLDER** Telephone number ▶ **(203) 227-7253**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>2,086</u>			
b Less returns and allowances			
c Balance ▶	1c <u>2,086</u>		
2 Cost of goods sold (Schedule A, line 7)	2 <u>1,649</u>		
3 Gross profit. Subtract line 2 from line 1c	3 <u>437</u>		437
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . .	4b		
c Capital loss deduction for trusts <u>990_D</u>	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) . .	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . .	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 <u>437</u>		437

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) Statement #9	28	2,637
29 Total deductions. Add lines 14 through 28	29	2,637
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	(2,200)
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	(2,200)

Part III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33
34	Amounts paid for disallowed fringes	34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38
		0

Part IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40
41	Proxy tax. See instructions	41
42	Alternative minimum tax (trusts only)	42
43	Tax on Non-Compliant Facility Income. See instructions	43
44	Total. Add lines 41, 42 and 43 to line 39 or 40, whichever applies	44

Part V Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a
b	Other credits (see instructions)	45b
c	General business credit. Attach Form 3800 (see instructions)	45c
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d
e	Total credits. Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	46
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47
48	Total tax. Add lines 46 and 47 (see instructions)	48
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49
50a	Payments: A 2017 overpayment credited to 2018	50a
b	2018 estimated tax payments	50b
c	Tax deposited with Form 8868	50c
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d
e	Backup withholding (see instructions)	50e
f	Credit for small employer health insurance premiums (Attach Form 8941)	50f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g
51	Total payments. Add lines 50a through 50g	51
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55

Part VI Statements Regarding Certain Activities and Other Information (see instructions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **TREASURER**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOHN J VISCONTI		01-14-2020		P00027180
	Firm's name VISCONTI & ASSOCIATES, PC	Firm's EIN 06-1354191		Phone no. 203-865-2927	
Firm's address 444 FOXON ROAD EAST HAVEN CT 06513					

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **▶ COST**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2	1,649	7 Cost of goods sold. Subtract		
3 Cost of labor	3		line 6 from line 5. Enter here and		
4a Additional section 263A costs			in Part I, line 2	7	1,649
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		
			property produced or acquired for resale) apply		
5 Total. Add lines 1 through 4b	5	1,649	to the organization?		
				Yes	No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . ▶		

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
--	--	--	---	---

Totals ▶

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).	
--	--	---	---	--

Totals ▶

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).	Enter here and on page 1, Part II, line 26.		
--	--	--	--	---	--	--

Totals ▶

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) ▶

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

EARTHPLACE INC

06-0740523

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 or 990-EZ).)
- 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)						
Total						

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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five 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 4 columns: Line number, Description, Percentage, and Unit. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First five 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 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2017 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2017 Schedule A, Part III, line 1.7.

19a 33 1/3% support tests - 2018. 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.
19b 33 1/3% support tests - 2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 (b) and (c) 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 (b) and (c) 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 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? <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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
2 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
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)? <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
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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 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>		
3 By reason of the relationship described in (2), 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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>		
b Did the activities described in (a) 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
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	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):		
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 1-1/2% 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 .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 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	
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	
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 purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization EARTHPLACE INC	Employer identification number 06-0740523
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 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

- 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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization EARTHPLACE INC	Employer identification number 06-0740523
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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	NORM BLOOM & SON 7 EDGEWATER PLACE NORWALK, CT 06855	\$ 16,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JOHANNA KIEV 9 WEST BRANCH ROAD WESTPORT, CT 06880	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	R.R. CRAMER 10 WOODSIDE LANE WESTPORT, CT 06880	\$ 15,000	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

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.

2018

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

EARTHPLACE INC

06-0740523

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: Description, 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: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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? Yes No

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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	63,719	63,719	63,719	63,719	63,719
b Contributions					
c Net investment earnings, gains, and losses	2,439	1,547	1,352	1,468	1,262
d Grants or scholarships					
e Other expenditures for facilities and programs	2,439	1,547	1,352	1,468	1,262
f Administrative expenses					
g End of year balance	63,719	63,719	63,719	63,719	63,719

- 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 100.00 %
 - c Temporarily restricted 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:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		640,196		640,196
b Buildings		2,817,976	1,718,078	1,099,898
c Leasehold improvements				
d Equipment		449,237	296,011	153,226
e Other		1,282,536	766,536	516,000
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,409,320

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) _____		
Total. (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) _____		
Total. (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) _____	
Total. (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) _____		
Total. (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 FIN 48 (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.

1	Total revenue, gains, and other support per audited financial statements		1	2,650,738
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 13,013		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 34,397		
e	Add lines 2a through 2d		2e	47,410
3	Subtract line 2e from line 1		3	2,603,328
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,603,328

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.

1	Total expenses and losses per audited financial statements		1	2,850,726
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 34,397		
e	Add lines 2a through 2d		2e	34,397
3	Subtract line 2e from line 1		3	2,816,329
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,816,329

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.

01. Reports conservation easements (Part II, line 9)

22.143 ACRES OF LAND WAS GIVEN TO EARTHPLACE WITH THE INTENT TO PRESERVE THE LAND. THE LAND IS NONCONFORMING FOR BUILDING SITES, AS THEY ARE WETLANDS AND HAS CONSERVATION EASEMENTS.

Part XIII Supplemental Information (continued)

02. Collections descriptions (Part III, line 4)

COLLECTIONS INCLUDE NATURE RELATED DIAROMA, TAXIDERMIED MAMMAL, BIRD, FISH, REPTILE AND AMPHIBIAN SPECIMENS, EGG AND NEST COLLECTIONS, ROCK AND MINERAL COLLECTIONS WHICH ARE ALL USED IN NATURE-RELATED PROGRAMMING.

03. Other revenues not included on Form 990 (Part XI, line 2d)

SPECIAL EVENTS EXPENSES NETTED AGAINST FUNDRAISING REVENUE \$27,474 AND RENTAL EXPENSES OF \$6,923 NETTED AGAINST RENTAL INCOME.

04. Other expenses not included on Form 990 (Part XII, line 2d)

SPECIAL EVENTS EXPENSES NETTED AGAINST FUNDRAISING REVENUE \$27,474 AND RENTAL EXPENSES OF \$6,923 NETTED AGAINST RENTAL INCOME.

05. Footnote for uncertain tax position under FIN 48 (Part X)

EARTHPLACE ADHERES TO ASC TOPIC 740, INCOME TAXES. INCOME TAX POSITIONS MUST MEET A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE EFFECTIVE DATE TO BE RECOGNIZED UPON ADOPTION OF ASC TOPIC 740 AND IN SUBSEQUENT PERIODS. MANAGEMENT ID NOT AWARE OF ANY UNCERTAIN TAX POSITIONS TAKEN BY EARTHPLACE AS OF THAT DATE.

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>FALL FEST</u> (event type)	<u>CLAMS</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	49,365	19,715	25,995	95,075
	2	Less: Contributions	10,460	11,885	550	22,895
	3	Gross income (line 1 minus line 2)	38,905	7,830	25,445	72,180
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	3,857	4,677	2,980	11,514
	8	Entertainment	1,939	600	930	3,469
	9	Other direct expenses	5,576	4,047	2,868	12,491
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				27,474
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				44,706	

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))
Revenue	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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

EARTHPLACE INC

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

2018

**Open to Public
Inspection**

Employer identification number

06-0740523

01. Members or stockholder classes and rights (Part VI, line 6)

EARTHPLACE IS A MEMBERSHIP ORGANIZATION

02. Member election for additional members (Part VI, line 7a)

MEMBERS ELECT THE BOARD OF TRUSTEES

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

FORM 990 WAS PREPARED BY THE ORGANIZATION'S INDEPENDENT AUDIT FIRM, REVIEWED IN DETAIL BY
THE BOARD TREASURER AND WAS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY FOR REVIEW PRIOR
TO FILING.

04. Conflict of interest policy compliance (Part VI, line 12c)

POLICY MANDATES THAT SUCH CONFLICTS BE REPORTED TO THE BOARD AS THEY ARISE BY A MEMBER OF
THE BOARD AND/OR STAFF. THE BOARD AS A GROUP WILL ADDRESS AND RESOLVE ANY REAL OR
PERCEIVED CONFLICTS. THIS IS AN ON GOING PROCESS.

05. CEO, executive director, top management comp (Part VI, line 15a)

COMPENSATION IS DETERMINED BY MARKET ANALYSIS, RESEARCH OF LIKE AGENCIES, RESPONSIBILITIES
AND BUDGET LEVELS.

06. Other officer or key employee compensation (Part VI, line 15b)

COMPENSATION IS DETERMINED BY MARKET ANALYSIS, RESEARCH OF LIKE AGENCIES, RESPONSIBILITIES
AND BUDGET LEVELS.

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

ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

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

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return EARTHPLACE INC	Business or activity to which this form relates FORM 990 - 1	Identifying number 06-0740523
--	--	---

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 2017 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 2019. 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	180,482

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 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2018 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 Statement	#567					1,123
c 7-year property Statement	#568					1,706
d 10-year property						
e 15-year property Statement	#569					1,360
f 20-year property Statement	#570					1,157
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2018 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	185,828
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	

For Paperwork Reduction Act Notice, see separate instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. EARTHPLACE INC	Employer identification number (EIN) or 06-0740523
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 10 WOODSIDE LANE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WESTPORT, CT 06880	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ **LAWANZA HOLDER, 10 WOODSIDE LANE, WESTPORT, CT 06880**

Telephone No. ▶ **203-277-7253** FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05-15, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning 07-01, 20 18, and ending 06-30, 20 19.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2019)

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2018, or fiscal year beginning 07-01-2018, and ending 06-30-2019

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

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

EARTHPLACE INC

Name and title of officer

JEFFREY N STEFANOWICZ, TREASURER

Employer identification number

06-0740523

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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	<u>2,603,328</u>
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 VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize VISCONTI & ASSOCIATES, PC to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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.

Officer's signature ▶

Date ▶ 11-08-2019

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.

063110 54321
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization 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 ▶

Date ▶ 01-14-2020

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Statement of Program Service Accomplishments

2018 PG01

Name(s) as shown on return

EARTHPLACE INC

Your Social Security Number

06-0740523

FORM 990-PART III(A)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$194154
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$67148

EXPLANATION

DRAKE SOFTWARE FUNNEL TO LINE 4D

Statement of Program Service Accomplishments

2018 PG01

Name(s) as shown on return

EARTHPLACE INC

Your Social Security Number

06-0740523

FORM 990-PART III(B)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES

\$194154

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE

\$0

PROGRAM SERVICES REVENUE

\$67147

EXPLANATION

OTHER ONE

Statement of Program Service Accomplishments

2018 PG01

Name(s) as shown on return

Your Social Security Number

EARTHPLACE INC

06-0740523

FORM 990-PART III(C)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$194153
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$67147

EXPLANATION

DRAKE SOFTWARE FUNNEL TO LINE 4D

Statement of Program Service Accomplishments

2018 PG01

Name(s) as shown on return

EARTHPLACE INC

Your Social Security Number

06-0740523

FORM 990-PART III(D)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$0
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

DRAKE SOFTWARE TO LINE 4D

Statement of Program Service Accomplishments

2018 PG01

Name(s) as shown on return

Your Social Security Number

EARTHPLACE INC

06-0740523

FORM 990-PART III(E)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$0
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

DRAKE SOFTWARE TO LINE 4D

Statement of Program Service Accomplishments

2018 PG01

Name(s) as shown on return

Your Social Security Number

EARTHPLACE INC

06-0740523

FORM 990-PART III(F)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$0
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

DRAKE SOFTWARE TO LINE 4D

Statement of Program Service Accomplishments

2018 PG01

Name(s) as shown on return

Your Social Security Number

EARTHPLACE INC

06-0740523

FORM 990-PART III(G)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$0
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

DRAKE SOFTWARE TO LINE 4D

Federal Supporting Statements

2018 PG01

Name(s) as shown on return

Tax ID Number

EARTHPLACE INC

06-0740523

**990-T - PART II - LINE 28
OTHER DEDUCTIONS**

Statement #9

DESCRIPTION	AMOUNT
INSURANCE	\$464
OCCUPANCY	\$1,574
PUBLICATIONS	\$111
PERMITS	\$201
MISC	\$9
R&M	<u>\$278</u>
TOTAL	<u><u>\$2,637</u></u>

FORM 4562 - LINE 19B

PG01
Statement #567

BASIS	RP	CV	METHOD	DEDUCTION
4,093	5	HY	SL	409
2,665	5	HY	SL	267
4,470	5	HY	SL	<u>447</u>
TOTAL				<u><u>1,123</u></u>

FORM 4562 - LINE 19C

PG01
Statement #568

BASIS	RP	CV	METHOD	DEDUCTION
1,065	7	HY	SL	76
3,246	7	HY	SL	232
1,584	7	HY	SL	113
1,523	7	HY	SL	109
5,495	7	HY	SL	393
10,000	7	HY	SL	714
970	7	HY	SL	<u>69</u>
TOTAL				<u><u>1,706</u></u>

Federal Supporting Statements

2018 PG01

Name(s) as shown on return

Tax ID Number

EARTHPLACE INC

06-0740523

FORM 4562 - LINE 19E

Statement #569

BASIS	RP	CV	METHOD	DEDUCTION
2,800	15	HY	SL	93
37,996	15	HY	SL	<u>1,267</u>
TOTAL				<u><u>1,360</u></u>

FORM 4562 - LINE 19F

PG01
Statement #570

COST	RP	CV	METHOD	DEDUCTION
42,915	20	HY	SL	1,073
1,850	20	HY	SL	46
1,500	20	HY	SL	<u>38</u>
TOTAL				<u><u>1,157</u></u>

Name(s) as shown on return

FEIN

EARTHPLACE INC

06-0740523

Description	Amount
LAND TECH CIP 103017	\$ 2,500
EUROCUSTOM CIP FJ240	20,000
EUROCUSTOM CIP 205	11,615
ENVIRON DESIGN CIP 103017	8,800
Total:	\$ 42,915

Description	Amount
CIP 11/8/17 ENVIRONMENT DESIGN	\$ 4,500
8.22.18 ENVIRONMENT DESIGN	3,600
8.23.18 E A QUINN	4,240
8.24.18 M. RONDANO INC	1,230
9.24.18 FERRIS MULCH	2,860
10.8.18 KOMPAN INC	21,566
Total:	\$ 37,996

Description	Amount
CIP 6/29/18	\$ 2,895
7/2/18	575
7/6/18	225
CIP 468756 NEW CANAAN ALARM 6/12/18	775
Total:	\$ 4,470

Description	Amount
SPECIAL EVENTS LESS THAN \$5K	\$ 1,469
CONTRIBS AND GIFTS	168,094
GRANTS NOT FROM GOVT	167,834
Total:	\$ 337,397

990

Overflow Statement

2018
Page 2

Name(s) as shown on return

EARTHPLACE INC

FEIN

06-0740523

Description	Amount
	\$ 40,819
LESS UNREALIZED	(13,013)
Total:	\$ 27,806

Description	Amount
COMP	\$ 1,387,894
LESS TONY	(42,000)
Total:	\$ 1,345,894

Description	Amount
COMP	\$ 203,558
LESS TONY	(12,000)
Total:	\$ 191,558

Description	Amount
COMP	\$ 259,074
LESS TONY	(66,000)
Total:	\$ 193,074

Description	Amount
	\$ 23,256
Total:	\$ 23,256

Description	Amount
	\$ 51,077
LESS RENTAL	(6,923)
Total:	\$ 44,154

Name(s) as shown on return

FEIN

EARTHPLACE INC

06-0740523

Description	Amount
	\$ 2,717
Total:	\$ 2,717

Description	Amount
	\$ 3,057
Total:	\$ 3,057

Description	Amount
DEVELOPMENT	\$ 310
FUNDRAISING	577
PERMITS	3,652
CC FEES	14,391
MEETINGS	1,542
BAD DEBT	15,730
Total:	\$ 36,202

Description	Amount
FUNDRAISING	\$ 795
PERMITS	1,217
MEETINGS	723
	3
Total:	\$ 2,738

Description	Amount
DEVELOPMENT	\$ 15,201
CC FEES	2,741
MEETINGS	145
Total:	\$ 18,087

990

Overflow Statement

2018
Page 4

Name(s) as shown on return

EARTHPLACE INC

FEIN

06-0740523

Description	Amount
	\$ 92,076
	143,794
Total:	\$ 235,870

Description	Amount
	\$ 1,624,371
	93,707
Total:	\$ 1,718,078

Description	Amount
	\$ 228,004
	68,007
Total:	\$ 296,011

Description	Amount
	\$ 249,516
	1,033,020
Total:	\$ 1,282,536

Description	Amount
	\$ 742,426
	12,347
	11,763
Total:	\$ 766,536

Name(s) as shown on return

FEIN

EARTHPLACE INC

06-0740523

<u>Description</u>	<u>Amount</u>
RENTAL EXPENSES NETTED TO REVENUE ON PAGE 9	\$ 6,923
FUNDRAISING EXPENSES NETTED TO REVENUE ON PAGE 9	27,474
Total:	\$ 34,397

<u>Description</u>	<u>Amount</u>
EXPENSE REDUCED BY FUNDRAISING EXP NETTED ON PAGE 9	\$ 27,474
EXPENSE REDUCED BY RENTAL EXP NETTED ON PAGE 9	6,923
Total:	\$ 34,397

Form 990-T Unrelated Trade or Business Income

<u>Description</u>	<u>Amount</u>
RETAIL SHOP	\$ 1,682
SNACKS	404
Total:	\$ 2,086

990

Overflow Statement

2018
Page 6

Name(s) as shown on return

FEIN

EARTHPLACE INC

06-0740523

Form 990-T - Schedule A Cost of Goods Sold

<u>Description</u>	<u>Amount</u>
MATERIALS	\$ 116
SUPPLIES	1,241
FOOD	292
Total:	\$ 1,649

<u>Description</u>	<u>Amount</u>
OTHER REV	\$ 72,908
LESS RENTAL	(54,275)
Total:	\$ 18,633

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

(Keep for your records)

2018

Name(s) as shown on return

EARTHPLACE INC

Tax ID Number

06-0740523

2% of the amount on Schedule A, Part II, line 11, column (f) 78,131

Name	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
NORM BLOOM & SON				22,400	16,800	39,200	
JOHANNA KIEV				10,000	20,000	30,000	
R.R. CRAMER					15,000	15,000	
MICHAEL WISEMAN					10,000	10,000	
BARBARA & GLENN BRITT					5,000	5,000	
J S HOWE FAMILY FOUNDATION					10,000	10,000	
PRAXAIR INC					5,000	5,000	
PATAGONIA					8,000	8,000	

TOTAL

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1	10 WOODSIDE LANE	06301970	502,976	502,976	100.00			0	0		0				
2	MAPLE LANE	06301970	16,180	16,180	100.00			0	0		0				
3	MARSH COURT	06301970	121,040	121,040	100.00			0	0		0				
4	14 WOODSIDE YEAR END	05311969	28,148		100.00			28,148	7		0	28,148		28,148	
5	14 WOODSIDE - 94 - RO	06301994	4,262		100.00			4,262	7		0	4,262		4,262	
6	14 WOODSIDE - 99 - RE	06301999	1,351		100.00			1,351	7		0	1,351		1,351	
7	14 WOODSIDE - 00 - FR	06302000	2,200		100.00			2,200	7		0	2,200		2,200	
8	14 WOODSIDE - WINDOWS	10102012	6,300		100.00			6,300	20	SL HY	5	1,811	315	2,126	315
9	14 WOODSIDE - TILE BA	10102012	2,200		100.00			2,200	20	SL HY	5	633	110	743	110
10	14 WOODSIDE - HANDRAI	10102012	1,100		100.00			1,100	20	SL HY	5	316	55	371	55
11	14 WOODSIDE - KITCHEN	10102012	2,400		100.00			2,400	20	SL HY	5	690	120	810	120
12	HANDICAP RAMPS	09302014	1,880		100.00			1,880	20	SL HY	5	353	94	447	94
13	CYPRESS POND 1972	06301972	26,078		100.00			26,078	7		0	26,078		26,078	
14	CYPRESS POND 2000 FRE	06302000	2,200		100.00			2,200	7		0	2,200		2,200	
15	CYPRESS POND 2000 ROO	06302000	6,385		100.00			6,385	7		0	6,385		6,385	
16	CYPRESS POND '01 WATE	06302001	2,138		100.00			2,138	7		0	2,138		2,138	
17	EXHIBITS - BIRD CAGE	06301998	1,000		100.00			1,000	10		0	1,000		1,000	
18	EXHIBITS - CAGES AND	06301999	8,650		100.00			8,650	10		0	8,650		8,650	
19	EXHIBITS - BIRD CAGE	06302001	4,494		100.00			4,494	10		0	4,494		4,494	
20	EXHIBITS - EAGLE CAGE	06302002	4,801		100.00			4,801	10		0	4,801		4,801	
21	EXHIBITS - OWL CAGE	06302005	3,500		100.00			3,500	10		0	3,500		3,500	
22	EXHIBITS - 2 MOBILE A	06302005	4,500		100.00			4,500	10		0	4,500		4,500	
23	EXHIBITS OWL CAGE	06302007	4,500		100.00			4,500	10		0	4,500		4,500	
24	EXHIBITS - HALL ASBES	06302003	13,750		100.00			13,750	18	SL MQ	5.556	13,369	381	13,750	381
25	EXHIBITS POND PROJECT	07012015	32,900		100.00			32,900	10	SL HY	10	9,870	3,290	13,160	3,290
26	EXHIBIT HALL - PLAN I	06302003	23,000		100.00			23,000	16	SL MQ	6.25	23,000		23,000	
27	EXHIBIT HALL - PLAN M	06302004	55,353		100.00			55,353	10		0	55,353		55,353	
28	EXHIBIT HALL - LIGHTI	06302004	50,500		100.00			50,500	10		0	50,500		50,500	
29	EXHIBIT HALL - ELECTR	06302005	44,525		100.00			44,525	10		0	44,525		44,525	
30	EXHIBIT HALL - CARPET	06302005	16,447		100.00			16,447	10		0	16,447		16,447	

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31	EXHIBIT HALL - CONSTR	06302005	50,500		100.00			50,500	10		0	50,500		50,500	
32	EXHIBIT HALL- OTHER	06302005	25,606		100.00			25,606	10		0	25,606		25,606	
33	EXHIBIT HALL - LIGHTI	06302005	29,631		100.00			29,631	10		0	29,631		29,631	
34	EXHIBIT HALL - ELECTR	06302006	17,150		100.00			17,150	10		0	17,150		17,150	
35	EXHIBIT HALL - CONSTR	06302006	235,546		100.00			235,546	10		0	235,546		235,546	
36	EXHIBIT HALL - PAINTI	06302006	1,900		100.00			1,900	10		0	1,900		1,900	
37	EXHIBIT HALL - OTHER	06302006	6,860		100.00			6,860	10		0	6,860		6,860	
38	EXHIBIT HALL - INTERE	06302006	3,039		100.00			3,039	10		0	3,039		3,039	
39	EXHIBIT HALL - CONSTR	06302007	3,446		100.00			3,446	10		0	3,446		3,446	
40	EXHIBIT HALL - ELECTR	06302007	8,748		100.00			8,748	10		0	8,748		8,748	
41	EXHIBIT HALL - SIGNS	06302007	4,015		100.00			4,015	10		0	4,015		4,015	
42	EXHIBIT HALL - OTHER	06302007	1,388		100.00			1,388	10		0	1,388		1,388	
43	EXHIBIT HALL - INTERE	06302007	14,398		100.00			14,398	10		0	14,398		14,398	
44	EXHIBIT HALL - CONSTR	06302008	12,205		100.00			12,205	10		0	12,205		12,205	
45	EXHIBIT HALL - SIGNS	06302008	3,038		100.00			3,038	10		0	3,038		3,038	
46	EXHIBIT HALL - INTERE	06302008	3,968		100.00			3,968	10		0	3,968		3,968	
47	EXHIBIT HALL - SNAKE	06302009	3,400		100.00			3,400	10	SL MQ	10	3,088	312	3,400	312
48	EXHIBITS - MARION GRE	06302001	9,395		100.00			9,395	20	SL MQ	5	4,699	470	5,169	470
49	EXHIBITS - MARION GRE	06302002	10,162		100.00			10,162	20	SL MQ	5	5,080	508	5,588	508
50	EXHIBITS - MARION GRE	06302003	15,363		100.00			15,363	20	SL MQ	5	7,680	768	8,448	768
51	EXHIBITS - MISC TILE	06302003	3,636		100.00			3,636	20	SL MQ	5	1,820	182	2,002	182
52	EXHIBITS - MISC TILE	06302004	19,550		100.00			19,550	20	SL MQ	5	9,778	977	10,755	978
53	EXHIBITS - MARION GRE	06302005	39,523		100.00			39,523	20	SL MQ	5	19,760	1,976	21,736	1,976
54	EXHIBITS - MISC TILE	06302005	1,719		100.00			1,719	20	SL MQ	5	860	86	946	86
55	EXHIBITS - MARION GRE	06302006	15,265		100.00			15,265	20	SL MQ	5	7,631	763	8,394	763
56	EXHIBITS - MARION GRE	06302007	9,915		100.00			9,915	20	SL MQ	5	4,960	496	5,456	496
57	EXHIBITS - MISC TILE	06302008	13,367		100.00			13,367	20	SL MQ	5	6,681	668	7,349	668
58	EXHIBITS - MISC TILE	06302009	6,462		100.00			6,462	20	SL MQ	5	2,747	323	3,070	323
59	EXHIBITS -UNIV. TRAIL	06302000	19,501		100.00			19,501	10		0	19,501		19,501	
60	EXHIBITS -UNIV. TRAIL	06302001	17,236		100.00			17,236	10		0	17,236		17,236	

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61	EXHIBITS- UNIV. TRAIL	06302003	15,018		100.00			15,018	14		0	15,018		15,018	
62	EXHIBITS - UNIV. TRAI	06302003	56,640		100.00			56,640	14		0	56,640		56,640	
63	EXHIBITS - UNIV. TRAI	06302003	9,174		100.00			9,174	14		0	9,174		9,174	
64	EXHIBITS - UNIV. TRAI	06302004	12,484		100.00			12,484	10		0	12,484		12,484	
65	EXHIBITS - UNIV. TRAI	06302004	3,150		100.00			3,150	10		0	3,150		3,150	
66	EXHIBITS - UNIV. NATU	06302005	13,265		100.00			13,265	10		0	13,265		13,265	
67	EXHIBITS - UNIV. NATU	06302005	4,551		100.00			4,551	10		0	4,551		4,551	
68	EXHIBITS - UNIV NATUR	06302005	6,697		100.00			6,697	10		0	6,697		6,697	
69	EXHIBITS - UNIV NATUR	03302006	17,300		100.00			17,300	10		0	17,300		17,300	
70	EXHIBITS - UNIV TRAIL	06302007	9,090		100.00			9,090	10		0	9,090		9,090	
71	EXHIBITS - UNIV TRL -	06302008	5,400		100.00			5,400	10		0	5,400		5,400	
72	EXHIBITS - UNIV TRAIL	06302009	3,100		100.00			3,100	10	SL MQ	10	2,867	233	3,100	233
73	EXHIBITS- ORIENTEERIN	11232015	3,300		100.00			3,300	10	SL HY	10	853	330	1,183	330
74	FURNITURE & FIXTURES	06301996	5,070		100.00			5,070	3		0	5,070		5,070	
75	FURNITURE & FIXTURES	06302001	1,550		100.00			1,550	8		0	1,550		1,550	
76	FURNITURE & FIXTURES	06302002	2,500		100.00			2,500	5		0	2,500		2,500	
77	FURNITURE & FIXTURES	06302003	2,489		100.00			2,489	5		0	2,489		2,489	
78	FURNITURES & FIXTURES	06302003	7,700		100.00			7,700	10		0	7,700		7,700	
79	FURNITURE & FIXTURES	06302004	24,160		100.00			24,160	30	SL MM	3.333	12,076	805	12,881	805
80	FURNITURE & FIX- NURS	06302005	4,750		100.00			4,750	15	SL MQ	6.667	4,358	317	4,675	317
81	FURNITURE & FIXTURES	06302006	7,187		100.00			7,187	10		0	7,187		7,187	
82	FURNITURE & FIXTURES	06302007	1,739		100.00			1,739	5		0	1,739		1,739	
83	FURNITURE & FIXTURES	06302007	16,000		100.00			16,000	15	SL MQ	6.667	11,821	1,067	12,888	1,067
84	FURNITURE & FIX - MET	06302007	6,800		100.00			6,800	10		0	6,800		6,800	
85	PLAYGROUND EQUIPMENT	06302008	10,400		100.00			10,400	15	SL MQ	6.667	7,567	693	8,260	693
86	PLAYGROUND EQUIPMENT	06302008	10,240		100.00			10,240	15	SL MQ	6.667	7,227	683	7,910	683
87	PLAYGROUND EQUIPMENT	06302008	14,600		100.00			14,600	15	SL MQ	6.667	9,893	973	10,866	973
88	PLAYGROUND EQUIPMENT	06302008	26,175		100.00			26,175	15	SL MQ	6.667	17,450	1,745	19,195	1,745
89	NS MOBILE STORAGE CAB	06302008	4,060		100.00			4,060	7		0	4,060		4,060	
90	HARBOR WATCH LAB NORW	06302008	7,413		100.00			7,413	15	SL MQ	6.667	4,981	494	5,475	494

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91	WATER PURIFIER HARBOR	06302008	2,896		100.00			2,896	5		0	2,896		2,896	
92	WATERBATH	06302008	2,379		100.00			2,379	5		0	2,379		2,379	
93	HARBOR WATCH METER SE	06302009	2,549		100.00			2,549	5		0	2,549		2,549	
94	NS TOUCHLESS FAUCETS	06302009	4,300		100.00			4,300	5		0	3,458		3,458	
95	AUDITORIUM KITCHEN AP	06302011	5,403		100.00			5,403	10	SL MQ	10	3,983	540	4,523	540
96	COMPUTERS	06302011	22,739		100.00			22,739	5		0	22,739		22,739	
97	HW EQUIPMENT	01312012	4,368		100.00			4,368	10	SL HY	10	2,840	437	3,277	437
98	CARPETING	09142012	25,808		100.00			25,808	10	SL HY	10	15,056	2,581	17,637	2,581
99	SPECTROPHOTOMETER	02062013	4,560		100.00			4,560	10	SL HY	10	2,432	456	2,888	456
100	SMARTBOARD (DONATED)	06302013	1,000		100.00			1,000	7	SL HY	14.286	643	143	786	143
101	SHED	06302014	2,000		100.00			2,000	20	SL HY	5	400	100	500	100
102	FISHER SCIENTIFIC EQU	07082015	1,042		100.00			1,042	10	SL HY	10	312	104	416	104
103	HOME DEPOT APPLIANCES	07202015	1,930		100.00			1,930	10	SL HY	10	563	193	756	193
104	CAPITAL IMPROVEMENTS	06301998	16,017		100.00			16,017	40	SL MM	2.5	8,201	400	8,601	400
105	CAPITAL IMPROVEMENTS	06301999	2,600		100.00			2,600	40	SL MM	2.5	1,267	65	1,332	65
106	CAPITAL IMPROVEMENTS	06302000	13,378		100.00			13,378	40	SL MM	2.5	6,180	334	6,514	334
107	CAPITAL IMPROVEMENTS	06302001	469,360		100.00			469,360	40	SL MM	2.5	205,345	11,734	217,079	11,734
108	CAPITAL IMPROVEMENTS	06302002	40,120		100.00			40,120	40	SL MM	2.5	16,048	1,003	17,051	1,003
109	CAPITAL IMPROVEMENTS	06302007	7,797		100.00			7,797	20	SL MQ	5	4,290	390	4,680	390
110	CAPITAL IMPROVEMENTS	06302010	127,515		100.00			127,515	20	SL MQ	5	48,882	6,376	55,258	6,376
111	AUDITORIUM CEILING	06302010	26,063		100.00			26,063	20	SL MQ	5	10,858	1,303	12,161	1,303
112	ROOF	06302011	67,141		100.00			67,141	20	SL MQ	5	25,737	3,357	29,094	3,357
113	AUDITORIUM KITCHEN	06302011	22,418		100.00			22,418	20	SL MQ	5	8,221	1,121	9,342	1,121
114	WINDOWS	06302011	123,981		100.00			123,981	20	SL MQ	5	46,751	6,199	52,950	6,199
115	A/C	06302011	54,730		100.00			54,730	7		0	54,730		54,730	
116	LOBBY LIGHTING	06302011	5,683		100.00			5,683	20	SL MQ	5	2,094	284	2,378	284
117	NS LIGHTING IN ROOMS	06302011	5,587		100.00			5,587	20	SL MQ	5	2,082	279	2,361	279
118	NS FLOOR	06302011	13,986		100.00			13,986	20	SL MQ	5	5,040	699	5,739	699
119	ACOUSTICS IN AUDITORI	06302011	4,087		100.00			4,087	20	SL MQ	5	1,480	204	1,684	204
120	AUDITORIUM FLOOR	07012011	16,938		100.00			16,938	20	SL HY	5	5,929	847	6,776	847

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121	PURGOLA	07012011	6,065		100.00			6,065	20	SL HY	5	2,122	303	2,425	303
122	ASBESTOS ABATEMENT	09142012	9,600		100.00			9,600	20	SL HY	5	2,800	480	3,280	480
123	TELEPHONE SYSTEM	08142013	9,635		100.00			9,635	5	SL HY	20	8,511	1,124	9,635	1,124
124	ELECTRICAL WORK FOR T	08142013	1,100		100.00			1,100	10	SL HY	10	486	110	596	110
125	FIRE DOOR AND FRAME F	06302014	1,683		100.00			1,683	20	SL HY	5	336	84	420	84
126	CLASSROOM (OLD ECO LA	06302005	4,229		100.00			4,229	10		0	4,229		4,229	
127	GUTTERS	07072015	1,250		100.00			1,250	20	SL HY	5	188	62	250	63
128	SHOWER	11022015	2,500		100.00			2,500	20	SL HY	5	333	125	458	125
129	FENCE- BIRDS OF PREY	07202015	1,900		100.00			1,900	10	SL HY	10	554	190	744	190
130	CPACE PROJECT INSTALL	10232015	11,274		100.00			11,274	20	SL HY	5	1,504	564	2,068	564
131	ENCON LIGHTING	12312015	20,818		100.00			20,818	20	SL HY	5	2,602	1,041	3,643	1,041
132	ENCON FURNACE	12222015	40,180		100.00			40,180	20	SL HY	5	5,023	2,009	7,032	2,009
133	ASBESTOS REMOVAL	10262015	2,260		100.00			2,260	20	SL HY	5	301	113	414	113
134	LIVING WALL	02262016	1,938		100.00			1,938	10	SL HY	10	453	194	647	194
135	OFFICE REMODEL	03112016	2,141		100.00			2,141	20	SL HY	5	250	107	357	107
136	STORE	04012016	25,050		100.00			25,050	20	SL HY	5	2,818	1,252	4,070	1,252
137	STORE PAINTING	06302016	7,275		100.00			7,275	5	SL HY	20	2,910	1,455	4,365	1,455
138	BONAFIDE ELECTRICAL	09252015	1,475		100.00			1,475	20	SL HY	5	203	74	277	74
139	MHR DEVELOPMENT INSTA	12232015	5,150		100.00			5,150	20	SL HY	5	644	257	901	258
140	MUSEUM BUILDING	05311961	165,925		100.00			165,925	50		0	165,925		165,925	
141	MUSEUM BUILDING	06301986	16,671		100.00			16,671	30		0	16,671		16,671	
142	MUSEUM BUILDING	06301987	4,707		100.00			4,707	30		0	4,707		4,707	
143	MUSEUM BUILDING	06301988	4,604		100.00			4,604	30		0	4,604		4,604	
144	MUSEUM BUILDING	06301988	7,000		100.00			7,000	30		0	7,000		7,000	
145	MUSEUM BUILDING	06301988	1,161		100.00			1,161	30		0	1,161		1,161	
146	MUSEUM BUILDING	06301988	38,145		100.00			38,145	40	SL MM	2.5	28,619	954	29,573	954
147	MUSEUM BUILDING	06301988	5,547		100.00			5,547	40	SL MM	2.5	4,169	139	4,308	139
148	MUSEUM BUILDING	06301989	51,309		100.00			51,309	40	SL MM	2.5	37,847	1,283	39,130	1,283
149	MUSEUM BUILDING	06301990	41,277		100.00			41,277	40	SL MM	2.5	29,412	1,032	30,444	1,032
150	MUSEUM BUILDING	06301991	17,165		100.00			17,165	40	SL MM	2.5	11,800	429	12,229	429

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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
151	MUSEUM BUILDING	06301992	4,735		100.00			4,735	10			4,735		4,735	
152	MUSEUM BUILDING	06301992	39,580		100.00			39,580	40	SL MM	2.5	26,233	989	27,222	990
153	MUSEUM BUILDING	06301993	283,223		100.00			283,223	40	SL MM	2.5	178,994	7,081	186,075	7,081
154	MUSEUM BUILDING	06301994	301,558		100.00			301,558	40	SL MM	2.5	186,994	7,539	194,533	7,539
155	MUSEUM BUILDING	06301996	6,333		100.00			6,333	10			6,333		6,333	
156	MUSEUM BUILDING	12312011	96,058		100.00			96,058	5			87,854		87,854	
157	NS BATHROOM	10012014	11,750		100.00			11,750	15	SL HY	6.667	2,937	783	3,720	783
158	PAYMENT TOWARD BATHRO	10012014	4,500		100.00			4,500	15	SL HY	6.667	1,125	300	1,425	300
159	BATHROOM FINAL	10012014	7,950		100.00			7,950	15	SL HY	6.667	1,988	530	2,518	530
160	BATHROOM ARCHITECTURA	10012014	4,000		100.00			4,000	15	SL HY	6.667	1,001	267	1,268	267
161	PROJECTOR SCREEN	09102014	1,420		100.00			1,420	10	SL HY	10	544	142	686	142
162	HW LAB	07012015	118,155		100.00			118,155	39	SL MM	2.564	9,090	3,030	12,120	3,030
163	ALARM SYSTEM	07012015	3,448		100.00			3,448	39	SL MM	2.564	264	88	352	88
164	2 TOUCH SCREEN COMPUT	07182013	3,311		100.00			3,311	5	SL HY	20	2,924	387	3,311	387
165	AUTOCLAVE	08142013	44,821		100.00			44,821	10	SL HY	10	19,796	4,482	24,278	4,482
166	AUTOCLAVE ELECTRICAL	12062013	1,610		100.00			1,610	10	SL HY	10	657	161	818	161
167	PHONE SYSTEM	06302014	2,450		100.00			2,450	5	SL HY	20	1,960	490	2,450	490
168	FIREWALL APPLIANCE	06302014	1,099		100.00			1,099	5	SL HY	20	880	219	1,099	219
169	REACTOR & PARTS	06302014	1,643		100.00			1,643	10	SL HY	10	656	164	820	164
170	CANOE TRAILER	07212014	3,180		100.00			3,180	15	SL HY	6.667	830	212	1,042	212
171	NAVIGATION SYSTEM AND	10152014	8,000		100.00			8,000	15	SL HY	6.667	1,999	533	2,532	533
172	SCOW DONATION	01312015	2,500		100.00			2,500	15	SL HY	6.667	570	167	737	167
173	WATER PROBE	06152015	4,591		100.00			4,591	15	SL HY	6.667	944	306	1,250	306
174	2 UV STERILIZERS	06212016	5,340		100.00			5,340	10	SL HY	10	1,068	534	1,602	534
175	115V INCUBATOR	07222015	2,919		100.00			2,919	10	SL HY	10	852	292	1,144	292
176	115V INCUBATOR	09152015	2,919		100.00			2,919	10	SL HY	10	827	292	1,119	292
177	AED	07012015	1,895		100.00			1,895	10	SL HY	10	570	189	759	190
178	FENCE - BIRDS OF PREY	07012015	878		100.00			878	10	SL HY	10	264	88	352	88
179	DO PROBES	06012016	3,362		100.00			3,362	10	SL HY	10	700	336	1,036	336
180	HYDROSOL MACHINE	04182016	3,001		100.00			3,001	10	SL HY	10	650	300	950	300

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EARTHPLACE INC

06-0740523

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
181	PORTABLE HAN	06282016	1,668		100.00			1,668	10	SL HY	10	334	167	501	167
182	PROJECTOR SCREEN & IN	02012016	1,909		100.00			1,909	10	SL HY	10	462	191	653	191
183	YSA INC	06212016	6,736		100.00			6,736	10	SL HY	10	1,348	674	2,022	674
184	14 WOODSIDE LANE	08312016	8,368		100.00			8,368	20	SL MQ	5	767	418	1,185	418
185	POND PROJECT	08312016	940		100.00			940	10	SL MQ	10	172	94	266	94
186	AMPITHEATER	06302017	24,484		100.00			24,484	15	SL MQ	6.667	1,632	1,632	3,264	1,632
187	POND PLATFORM	08312016	34,322		100.00			34,322	15	SL MQ	6.667	4,195	2,288	6,483	2,288
188	OUTDOOR CLASSROOM	09302016	1,600		100.00			1,600	15	SL MQ	6.667	187	107	294	107
189	LAB EQUIPMENT	07012016	3,020		100.00			3,020	10	SL MQ	10	604	302	906	302
190	UNIFIED WATER STUDY E	06012017	148,091		100.00			148,091	10	SL MQ	10	16,043	14,809	30,852	14,809
191	CPACE PROJECT INSTALL	09302016	77,728		100.00			77,728	10	SL MQ	10	10,688	7,773	18,461	7,773
192	WEBSITE	02282017	8,465		100.00			8,465	3	SL MQ	33.333	3,763	2,822	6,585	2,822
193	AED BOX - GOES WITH A	07312016	279		100.00			279	10	SL MQ	10	54	28	82	28
194	ANIMAL HALL REMODEL	10012017	75,000		100.00			75,000	15	SL HY	6.667	2,500	5,000	7,500	5,000
195	LENOVO THINKPAD - L.	09012017	1,348		100.00			1,348	5	SL HY	20	135	270	405	270
196	BUILDING IMPROVEMENTS	05012018	42,020		100.00			42,020	15	SL HY	6.667	1,401	2,801	4,202	2,801
197	ANIMAL HALL WASHING M	10012017	1,224		100.00			1,224	10	SL HY	10	61	122	183	122
198	ANIMAL HALL FIRE PANE	10012017	3,007		100.00			3,007	10	SL HY	10	150	301	451	301
199	FIREWALL APPLIANCE &	10062017	4,000		100.00			4,000	5	SL HY	20	400	800	1,200	800
200	UWS - 10 MANTA & 35 M	03062018	96,481		100.00			96,481	3	SL HY	33.333	16,080	32,160	48,240	32,160
201	UWS - WATER TESTING E	02012018	7,082		100.00			7,082	3	SL HY	33.333	1,180	2,361	3,541	2,361
202	PRESCHOOLPLAYGROUND R	08012017	6,400		100.00			6,400	10	SL HY	10	320	640	960	640
203	INCUBATOR	06012018	7,566		100.00			7,566	5	SL HY	20	757	1,513	2,270	1,513
204	MALLOY ROOM FLOORING	08162017	2,998		100.00			2,998	15	SL HY	6.667	100	200	300	200
205	SERVER REPLACEMENT	04242018	6,720		100.00			6,720	5	SL HY	20	672	1,344	2,016	1,344
206	IKEA DESKS	07012018	1,065		100.00			1,065	7	SL HY	7.143		76	76	76
207	PLAYGROUND FENCE	08292018	2,800		100.00			2,800	15	SL HY	3.333		93	93	93
208	CRIBS	09012018	3,246		100.00			3,246	7	SL HY	7.143		232	232	232
209	COMMUNITY PLAYTHINGS	09012018	1,584		100.00			1,584	7	SL HY	7.143		113	113	113
210	DISCOUNT SCHOOL SUPPO	09012018	1,523		100.00			1,523	7	SL HY	7.143		109	109	109

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EARTHPLACE INC

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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	
211	LARK LABEL SIGNAGE	11062018	5,495		100.00			5,495	7	SL	HY	7.143		393	393	393
212	NEST BUILDING IMPROVE	09012018	42,915		100.00			42,915	20	SL	HY	2.5		1,073	1,073	1,073
213	PLAYGROUND	10082018	37,996		100.00			37,996	15	SL	HY	3.333		1,267	1,267	1,267
214	CANAAN TECH COMPUTERS	11212018	4,093		100.00			4,093	5	SL	HY	10		409	409	409
215	CANAAN BACKUP AND PRO	10292018	2,665		100.00			2,665	5	SL	HY	10		267	267	267
216	TRACTOR	12082018	10,000		100.00			10,000	7	SL	HY	7.143		714	714	714
217	NEW CANAAN ALARM PROJ	09012018	4,470		100.00			4,470	5	SL	HY	10		447	447	447
218	EURO CUSTOM WOODWORKI	01312019	1,850		100.00			1,850	20	SL	HY	2.5		46	46	46
219	MARK ANDERSON WATER T	06302019	1,500		100.00			1,500	20	SL	HY	2.5		38	38	38
220	NEST EQUIPMENT	07242018	970		100.00			970	7	SL	HY	7.143		69	69	69
Totals			5,189,958					4,549,761				2,594,801	185,828	2,780,629	185,833	

Land Amount
Net Depreciable Cost 5,189,958

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus 185,828

ST ADJ:

Next Year's Depreciation Worksheet

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EARTHPLACE INC

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Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	10 WOODSIDE LANE	06301970		NDA	0	
PRG	1	MAPLE LANE	06301970		NDA	0	
PRG	1	MARSH COURT	06301970		NDA	0	
PRG	1	14 WOODSIDE YEAR END 69	05311969	28,148	SL	7	
PRG	1	14 WOODSIDE - 94 - ROOFI	06301994	4,262	SL	7	
PRG	1	14 WOODSIDE - 99 - REFR	06301999	1,351	SL	7	
PRG	1	14 WOODSIDE - 00 - FRENC	06302000	2,200	SL	7	
PRG	1	14 WOODSIDE - WINDOWS	10102012	6,300	SL	20	315
PRG	1	14 WOODSIDE - TILE BATHR	10102012	2,200	SL	20	110
PRG	1	14 WOODSIDE - HANDRAIL	10102012	1,100	SL	20	55
PRG	1	14 WOODSIDE - KITCHEN CO	10102012	2,400	SL	20	120
PRG	1	HANDICAP RAMPS	09302014	1,880	SL	20	94
PRG	1	CYPRESS POND 1972	06301972	26,078	SL	7	
PRG	1	CYPRESS POND 2000 FRENCH	06302000	2,200	SL	7	
PRG	1	CYPRESS POND 2000 ROOFIN	06302000	6,385	SL	7	
PRG	1	CYPRESS POND '01 WATER H	06302001	2,138	SL	7	
PRG	1	EXHIBITS - BIRD CAGE	06301998	1,000	SL	10	
PRG	1	EXHIBITS - CAGES AND DIO	06301999	8,650	SL	10	
PRG	1	EXHIBITS - BIRD CAGE 01	06302001	4,494	SL	10	
PRG	1	EXHIBITS - EAGLE CAGE	06302002	4,801	SL	10	
PRG	1	EXHIBITS - OWL CAGE	06302005	3,500	SL	10	
PRG	1	EXHIBITS - 2 MOBILE ANIM	06302005	4,500	SL	10	
PRG	1	EXHIBITS OWL CAGE	06302007	4,500	SL	10	
PRG	1	EXHIBITS - HALL ASBESTOS	06302003	13,750	SL	18	
PRG	1	EXHIBITS POND PROJECT	07012015	32,900	SL	10	3,290
PRG	1	EXHIBIT HALL - PLAN INIT	06302003	23,000	SL	16	
PRG	1	EXHIBIT HALL - PLAN MIDT	06302004	55,353	SL	10	
PRG	1	EXHIBIT HALL - LIGHTING	06302004	50,500	SL	10	
PRG	1	EXHIBIT HALL - ELECTRICA	06302005	44,525	SL	10	
PRG	1	EXHIBIT HALL - CARPET	06302005	16,447	SL	10	
PRG	1	EXHIBIT HALL - CONSTRUCT	06302005	50,500	SL	10	
PRG	1	EXHIBIT HALL- OTHER	06302005	25,606	SL	10	
PRG	1	EXHIBIT HALL - LIGHTING	06302005	29,631	SL	10	
PRG	1	EXHIBIT HALL - ELECTRICA	06302006	17,150	SL	10	
PRG	1	EXHIBIT HALL - CONSTRUCT	06302006	235,546	SL	10	
PRG	1	EXHIBIT HALL - PAINTING	06302006	1,900	SL	10	
PRG	1	EXHIBIT HALL - OTHER	06302006	6,860	SL	10	
PRG	1	EXHIBIT HALL - INTEREST	06302006	3,039	SL	10	
PRG	1	EXHIBIT HALL - CONSTRUCT	06302007	3,446	SL	10	
PRG	1	EXHIBIT HALL - ELECTRICA	06302007	8,748	SL	10	
PRG	1	EXHIBIT HALL - SIGNS	06302007	4,015	SL	10	
PRG	1	EXHIBIT HALL - OTHER	06302007	1,388	SL	10	
PRG	1	EXHIBIT HALL - INTEREST	06302007	14,398	SL	10	
PRG	1	EXHIBIT HALL - CONSTRUCT	06302008	12,205	SL	10	
PRG	1	EXHIBIT HALL - SIGNS	06302008	3,038	SL	10	
PRG	1	EXHIBIT HALL - INTEREST	06302008	3,968	SL	10	
PRG	1	EXHIBIT HALL - SNAKE CAG	06302009	3,400	SL	10	
PRG	1	EXHIBITS - MARION GREBOW	06302001	9,395	SL	20	470
PRG	1	EXHIBITS - MARION GREBOW	06302002	10,162	SL	20	508
PRG	1	EXHIBITS - MARION GREBOW	06302003	15,363	SL	20	768
PRG	1	EXHIBITS - MISC TILE WAL	06302003	3,636	SL	20	182
PRG	1	EXHIBITS - MISC TILE WAL	06302004	19,550	SL	20	977

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Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	EXHIBITS - MARION GREBOW	06302005	39,523	SL	20	1,976
PRG	1	EXHIBITS - MISC TILE WAL	06302005	1,719	SL	20	86
PRG	1	EXHIBITS - MARION GREBOW	06302006	15,265	SL	20	763
PRG	1	EXHIBITS - MARION GREBOW	06302007	9,915	SL	20	496
PRG	1	EXHIBITS - MISC TILE WAL	06302008	13,367	SL	20	668
PRG	1	EXHIBITS - MISC TILE WAL	06302009	6,462	SL	20	323
PRG	1	EXHIBITS -UNIV. TRAIL AR	06302000	19,501	SL	10	
PRG	1	EXHIBITS -UNIV. TRAIL AR	06302001	17,236	SL	10	
PRG	1	EXHIBITS- UNIV. TRAIL LA	06302003	15,018	SL	14	
PRG	1	EXHIBITS - UNIV. TRAIL N	06302003	56,640	SL	14	
PRG	1	EXHIBITS - UNIV. TRAIL N	06302003	9,174	SL	14	
PRG	1	EXHIBITS - UNIV. TRAIL N	06302004	12,484	SL	10	
PRG	1	EXHIBITS - UNIV. TRAIL 5	06302004	3,150	SL	10	
PRG	1	EXHIBITS - UNIV. NATURE	06302005	13,265	SL	10	
PRG	1	EXHIBITS - UNIV. NATURE	06302005	4,551	SL	10	
PRG	1	EXHIBITS - UNIV NATURE T	06302005	6,697	SL	10	
PRG	1	EXHIBITS - UNIV NATURE T	03302006	17,300	SL	10	
PRG	1	EXHIBITS - UNIV TRAIL WO	06302007	9,090	SL	10	
PRG	1	EXHIBITS - UNIV TRL - DE	06302008	5,400	SL	10	
PRG	1	EXHIBITS - UNIV TRAIL CO	06302009	3,100	SL	10	
PRG	1	EXHIBITS- ORIENTEERING U	11232015	3,300	SL	10	330
PRG	1	FURNITURE & FIXTURES - L	06301996	5,070	SL	3	
PRG	1	FURNITURE & FIXTURES - P	06302001	1,550	SL	8	
PRG	1	FURNITURE & FIXTURES - G	06302002	2,500	SL	5	
PRG	1	FURNITURE & FIXTURES - D	06302003	2,489	SL	5	
PRG	1	FURNITURES & FIXTURES -	06302003	7,700	SL	10	
PRG	1	FURNITURE & FIXTURES - F	06302004	24,160	SL	30	805
PRG	1	FURNITURE & FIX- NURS. S	06302005	4,750	SL	15	75
PRG	1	FURNITURE & FIXTURES - B	06302006	7,187	SL	10	
PRG	1	FURNITURE & FIXTURES - P	06302007	1,739	SL	5	
PRG	1	FURNITURE & FIXTURES - P	06302007	16,000	SL	15	1,067
PRG	1	FURNITURE & FIX - METER,	06302007	6,800	SL	10	
PRG	1	PLAYGROUND EQUIPMENT	06302008	10,400	SL	15	693
PRG	1	PLAYGROUND EQUIPMENT	06302008	10,240	SL	15	683
PRG	1	PLAYGROUND EQUIPMENT	06302008	14,600	SL	15	973
PRG	1	PLAYGROUND EQUIPMENT	06302008	26,175	SL	15	1,745
PRG	1	NS MOBILE STORAGE CABINE	06302008	4,060	SL	7	
PRG	1	HARBOR WATCH LAB NORWALK	06302008	7,413	SL	15	494
PRG	1	WATER PURIFIER HARBOR WA	06302008	2,896	SL	5	
PRG	1	WATERBATH	06302008	2,379	SL	5	
PRG	1	HARBOR WATCH METER SET	06302009	2,549	SL	5	
PRG	1	NS TOUCHLESS FAUCETS	06302009	4,300	SL	5	842
PRG	1	AUDITORIUM KITCHEN APPLI	06302011	5,403	SL	10	540
PRG	1	COMPUTERS	06302011	22,739	SL	5	
PRG	1	HW EQUIPMENT	01312012	4,368	SL	10	437
PRG	1	CARPETING	09142012	25,808	SL	10	2,581
PRG	1	SPECTROPHOTOMETER	02062013	4,560	SL	10	456
PRG	1	SMARTBOARD (DONATED)	06302013	1,000	SL	7	143
PRG	1	SHED	06302014	2,000	SL	20	100
PRG	1	FISHER SCIENTIFIC EQUIPM	07082015	1,042	SL	10	104
PRG	1	HOME DEPOT APPLIANCES	07202015	1,930	SL	10	193
PRG	1	CAPITAL IMPROVEMENTS	06301998	16,017	SL	40	400

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EARTHPLACE INC

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Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	CAPITAL IMPROVEMENTS	06301999	2,600	SL	40	65
PRG	1	CAPITAL IMPROVEMENTS	06302000	13,378	SL	40	334
PRG	1	CAPITAL IMPROVEMENTS	06302001	469,360	SL	40	11,734
PRG	1	CAPITAL IMPROVEMENTS	06302002	40,120	SL	40	1,003
PRG	1	CAPITAL IMPROVEMENTS	06302007	7,797	SL	20	390
PRG	1	CAPITAL IMPROVEMENTS	06302010	127,515	SL	20	6,376
PRG	1	AUDITORIUM CEILING	06302010	26,063	SL	20	1,303
PRG	1	ROOF	06302011	67,141	SL	20	3,357
PRG	1	AUDITORIUM KITCHEN	06302011	22,418	SL	20	1,121
PRG	1	WINDOWS	06302011	123,981	SL	20	6,199
PRG	1	A/C	06302011	54,730	SL	7	
PRG	1	LOBBY LIGHTING	06302011	5,683	SL	20	284
PRG	1	NS LIGHTING IN ROOMS AND	06302011	5,587	SL	20	279
PRG	1	NS FLOOR	06302011	13,986	SL	20	699
PRG	1	ACOUSTICS IN AUDITORIUM	06302011	4,087	SL	20	204
PRG	1	AUDITORIUM FLOOR	07012011	16,938	SL	20	847
PRG	1	PURGOLA	07012011	6,065	SL	20	303
PRG	1	ASBESTOS ABATEMENT	09142012	9,600	SL	20	480
PRG	1	TELEPHONE SYSTEM	08142013	9,635	SL	5	
PRG	1	ELECTRICAL WORK FOR TELE	08142013	1,100	SL	10	110
PRG	1	FIRE DOOR AND FRAME FOR	06302014	1,683	SL	20	84
PRG	1	CLASSROOM (OLD ECO LAB)	06302005	4,229	SL	10	
PRG	1	GUTTERS	07072015	1,250	SL	20	62
PRG	1	SHOWER	11022015	2,500	SL	20	125
PRG	1	FENCE- BIRDS OF PREY	07202015	1,900	SL	10	190
PRG	1	CPACE PROJECT INSTALLMEN	10232015	11,274	SL	20	564
PRG	1	ENCON LIGHTING	12312015	20,818	SL	20	1,041
PRG	1	ENCON FURNACE	12222015	40,180	SL	20	2,009
PRG	1	ASBESTOS REMOVAL	10262015	2,260	SL	20	113
PRG	1	LIVING WALL	02262016	1,938	SL	10	194
PRG	1	OFFICE REMODEL	03112016	2,141	SL	20	107
PRG	1	STORE	04012016	25,050	SL	20	1,252
PRG	1	STORE PAINTING	06302016	7,275	SL	5	1,455
PRG	1	BONAFIDE ELECTRICAL	09252015	1,475	SL	20	74
PRG	1	MHR DEVELOPMENT INSTALLM	12232015	5,150	SL	20	257
PRG	1	MUSEUM BUILDING	05311961	165,925	SL	50	
PRG	1	MUSEUM BUILDING	06301986	16,671	SL	30	
PRG	1	MUSEUM BUILDING	06301987	4,707	SL	30	
PRG	1	MUSEUM BUILDING	06301988	4,604	SL	30	
PRG	1	MUSEUM BUILDING	06301988	7,000	SL	30	
PRG	1	MUSEUM BUILDING	06301988	1,161	SL	30	
PRG	1	MUSEUM BUILDING	06301988	38,145	SL	40	954
PRG	1	MUSEUM BUILDING	06301988	5,547	SL	40	139
PRG	1	MUSEUM BUILDING	06301989	51,309	SL	40	1,283
PRG	1	MUSEUM BUILDING	06301990	41,277	SL	40	1,032
PRG	1	MUSEUM BUILDING	06301991	17,165	SL	40	429
PRG	1	MUSEUM BUILDING	06301992	4,735	SL	10	
PRG	1	MUSEUM BUILDING	06301992	39,580	SL	40	989
PRG	1	MUSEUM BUILDING	06301993	283,223	SL	40	7,081
PRG	1	MUSEUM BUILDING	06301994	301,558	SL	40	7,539
PRG	1	MUSEUM BUILDING	06301996	6,333	SL	10	
PRG	1	MUSEUM BUILDING	12312011	96,058	SL	5	8,204

Next Year's Depreciation Worksheet

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

EARTHPLACE INC

06-0740523

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	NS BATHROOM	10012014	11,750	SL	15	783
PRG	1	PAYMENT TOWARD BATHROOM	10012014	4,500	SL	15	300
PRG	1	BATHROOM FINAL	10012014	7,950	SL	15	530
PRG	1	BATHROOM ARCHITECTURAL	10012014	4,000	SL	15	267
PRG	1	PROJECTOR SCREEN	09102014	1,420	SL	10	142
PRG	1	HW LAB	07012015	118,155	SL	39	3,030
PRG	1	ALARM SYSTEM	07012015	3,448	SL	39	88
PRG	1	2 TOUCH SCREEN COMPUTERS	07182013	3,311	SL	5	
PRG	1	AUTOCLAVE	08142013	44,821	SL	10	4,482
PRG	1	AUTOCLAVE ELECTRICAL	12062013	1,610	SL	10	161
PRG	1	PHONE SYSTEM	06302014	2,450	SL	5	
PRG	1	FIREWALL APPLIANCE	06302014	1,099	SL	5	
PRG	1	REACTOR & PARTS	06302014	1,643	SL	10	164
PRG	1	CANOE TRAILER	07212014	3,180	SL	15	212
PRG	1	NAVIGATION SYSTEM AND WI	10152014	8,000	SL	15	533
PRG	1	SCOW DONATION	01312015	2,500	SL	15	167
PRG	1	WATER PROBE	06152015	4,591	SL	15	306
PRG	1	2 UV STERILIZERS	06212016	5,340	SL	10	534
PRG	1	115V INCUBATOR	07222015	2,919	SL	10	292
PRG	1	115V INCUBATOR	09152015	2,919	SL	10	292
PRG	1	AED	07012015	1,895	SL	10	189
PRG	1	FENCE - BIRDS OF PREY	07012015	878	SL	10	88
PRG	1	DO PROBES	06012016	3,362	SL	10	336
PRG	1	HYDROSOL MACHINE	04182016	3,001	SL	10	300
PRG	1	PORTABLE HAN	06282016	1,668	SL	10	167
PRG	1	PROJECTOR SCREEN & INSTA	02012016	1,909	SL	10	191
PRG	1	YSA INC	06212016	6,736	SL	10	674
PRG	1	14 WOODSIDE LANE	08312016	8,368	SL	20	418
PRG	1	POND PROJECT	08312016	940	SL	10	94
PRG	1	AMPITHEATER	06302017	24,484	SL	15	1,632
PRG	1	POND PLATFORM	08312016	34,322	SL	15	2,288
PRG	1	OUTDOOR CLASSROOM	09302016	1,600	SL	15	107
PRG	1	LAB EQUIPMENT	07012016	3,020	SL	10	302
PRG	1	UNIFIED WATER STUDY EQUI	06012017	148,091	SL	10	14,809
PRG	1	CPACE PROJECT INSTALLMEN	09302016	77,728	SL	10	7,773
PRG	1	WEBSITE	02282017	8,465	SL	3	1,880
PRG	1	AED BOX - GOES WITH ASSE	07312016	279	SL	10	28
PRG	1	ANIMAL HALL REMODEL	10012017	75,000	SL	15	5,000
PRG	1	LENOVO THINKPAD - L. HOL	09012017	1,348	SL	5	270
PRG	1	BUILDING IMPROVEMENTS -	05012018	42,020	SL	15	2,801
PRG	1	ANIMAL HALL WASHING MACH	10012017	1,224	SL	10	122
PRG	1	ANIMAL HALL FIRE PANEL,	10012017	3,007	SL	10	301
PRG	1	FIREWALL APPLIANCE & SER	10062017	4,000	SL	5	800
PRG	1	UWS - 10 MANTA & 35 MULT	03062018	96,481	SL	3	32,160
PRG	1	UWS - WATER TESTING EQUI	02012018	7,082	SL	3	2,361
PRG	1	PRESCHOOLPLAYGROUND RENO	08012017	6,400	SL	10	640
PRG	1	INCUBATOR	06012018	7,566	SL	5	1,513
PRG	1	MALLOY ROOM FLOORING	08162017	2,998	SL	15	200
PRG	1	SERVER REPLACEMENT	04242018	6,720	SL	5	1,344
PRG	1	IKEA DESKS	07012018	1,065	SL	7	152
PRG	1	PLAYGROUND FENCE	08292018	2,800	SL	15	187
PRG	1	CRIBS	09012018	3,246	SL	7	464

Next Year's Depreciation Worksheet

(Keep for your records)

2018

Name(s) as shown on return

EARTHPLACE INC

Tax ID Number

06-0740523

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	COMMUNITY PLAYTHINGS - N	09012018	1,584	SL	7	226
PRG	1	DISCOUNT SCHOOL SUPPOLIE	09012018	1,523	SL	7	218
PRG	1	LARK LABEL SIGNAGE	11062018	5,495	SL	7	785
PRG	1	NEST BUILDING IMPROVEMEN	09012018	42,915	SL	20	2,146
PRG	1	PLAYGROUND	10082018	37,996	SL	15	2,533
PRG	1	CANAAN TECH COMPUTERS	11212018	4,093	SL	5	819
PRG	1	CANAAN BACKUP AND PROCES	10292018	2,665	SL	5	533
PRG	1	TRACTOR	12082018	10,000	SL	7	1,429
PRG	1	NEW CANAAN ALARM PROJECT	09012018	4,470	SL	5	894
PRG	1	EURO CUSTOM WOODWORKING	01312019	1,850	SL	20	92
PRG	1	MARK ANDERSON WATER TANK	06302019	1,500	SL	20	75
PRG	1	NEST EQUIPMENT	07242018	970	SL	7	139
		TOTAL					195,890

990

Tax Exempt
Diagnostic Summary

2018

Name
EARTHPLACE INC

Employer Identification #
06-0740523

Demographics

Mailing Address:
10 WOODSIDE LANE
WESTPORT, CT 06880

Phone: (203) 227-7253

Resident State: CT

Diagnosics

Preparer: JOHN J VISCONTI

Invoice:

Date: 01-14-2020

Return Information

Item on Return	2018 Federal	2017 Federal (If available)
Total Revenue	2,603,328	2,446,134
Total Expenses	2,816,329	2,468,165
Net Excess (Deficit)	(213,001)	(22,031)
Net Assets or Fund Balances	2,396,192	2,640,130

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
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