

Return of Organization Exempt From Income Tax

2021

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

Form header section A-M containing organization details like name (EARTHPLACE INC), address (10 WOODSIDE LANE, WESTPORT, CT 06880), and financial data (Gross receipts: \$3,852,416).

Part I Summary

Summary table with 22 rows detailing mission (DEDICATED TO NATURE DISCOVERY AND ENVIRONMENTAL LEARNING...), revenue (Total: 3,825,424), expenses (Total: 3,212,398), and net assets (Total: 2,533,532).

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 block for A MORRIS TOOKER, Treasurer, including signature and date fields.

Paid Preparer Use Only section for JOHN J VISCONTI, Preparer, including name, address, and PTIN (P00027180).

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, CONSERVATION AND SCIENCE.

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 \$ 1,181,587 including grants of \$) (Revenue \$ 1,346,609) 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, AND STORY TIMES WITH LIVE ANIMALS. 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 \$ 555,583 including grants of \$) (Revenue \$ 63,270) THE HARBOR WATCH WATER QUALITY MONITORING PROGRAM WAS FOUNDED IN 1986. SINCE THEN, IT HAS GROWN TO INCLUDE A STATE 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, WORKING WITH TOWN PUBLIC WORKS DEPARTMENTS TO HELP PINPOINT THE SOURCE OF SEWAGE LEAKS. FUNDING FOR THE HARBOR WATCH PROGRAM CONSISTS MOSTLY OF GRANTS, CORPORATE FOUNDATIONS AND DONATIONS.

4c (Code:) (Expenses \$ 225,282 including grants of \$) (Revenue \$ 359,911) 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 on Schedule O.) (Expenses \$ 568,105 including grants of \$) (Revenue \$ 50,131)

4e Total program service expenses 2,530,557

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 Rev. Proc. 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 donor-restricted endowments or in 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)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	91		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

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 on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records -> 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations W-2/1099-MISC/1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY MCDOWELL EXECUTIVE DIRECTOR	40.00			X				119,992	0	9,000
(2) STEVEN CHOI TRUSTEE	1.00	X						0	0	0
(3) KENNETH BERNHARD BOARD ATTORNEY	1.00	X						0	0	0
(4) A MORRIS TOOKER TRUSTEE	1.00	X						0	0	0
(5) BILL KUTIK TRUSTEE	1.00	X						0	0	0
(6) ARIEL DUNNE TRUSTEE	1.00	X						0	0	0
(7) NIKKI GORMAN, MD TRUSTEE	1.00	X						0	0	0
(8) DICK FERGUSON TRUSTEE	1.00	X						0	0	0
(9) DIANA MASHIA TRUSTEE	1.00	X						0	0	0
(10) MATTHEW MANDELL TRUSTEE	1.00	X						0	0	0
(11) DENISE TAIT TREASURER	1.00	X		X				0	0	0
(12) JIM CORGEL CHAIR	1.00	X		X				0	0	0
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							119,992	0	9,000	

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, 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 **1**

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	32,961				
	c Fundraising events	1c	35,400				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	742,989				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	989,907				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f ▶		1,801,257				
Program Service Revenue			Business Code				
	2a PROGRAM FEES	900099	1,819,921	1,819,921			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶		1,819,921					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		40,824		40,824		
	4 Income from investment of tax-exempt bond proceeds . . . ▶						
	5 Royalties ▶						
	6a Gross rents	6a	(i) Real	61,709			
			(ii) Personal				
			6b Less: rental expenses . .	6b			
	c Rental income or (loss)	6c	61,709				
	d Net rental income or (loss) ▶		61,709	61,709			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
			b Less: cost or other basis and sales expenses . .	7b			
			c Gain or (loss)	7c			
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including \$ 35,400 of contributions reported on line 1c). See Part IV, line 18	8a		114,115			
			b Less: direct expenses	8b	26,992		
c Net income or (loss) from fundraising events ▶				87,123		87,123	
9a Gross income from gaming activities, See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue			Business Code				
	11a MISCELLANEOUS REVENUE	900099	14,590	14,590			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d ▶		14,590					
12 Total revenue. See instructions ▶		3,825,424	1,896,220	0	127,947		

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	152,304	53,306	15,231	83,767
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	1,818,227	1,542,824	162,117	113,286
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits	159,021	128,807	14,312	15,902
10	Payroll taxes	178,138	144,292	16,032	17,814
11	Fees for services (nonemployees):				
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.) . .	207,335	123,117	33,505	50,713
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	59,931	48,544	5,394	5,993
17	Travel	19,431	14,573	4,858	
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	144,134	116,749	12,972	14,413
23	Insurance	44,066	35,693	3,966	4,407
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM EXPENSES	110,833	89,775	9,975	11,083
b	CREDIT CARD PROCESSING FEES	76,398	64,938		11,460
c	ADMINISTRATIVE	81,297	65,850	7,317	8,130
d	UTILITIES	53,948	43,698	4,855	5,395
e	All other expenses _____	107,335	58,391	7,464	41,480
25	Total functional expenses. Add lines 1 through 24e. .	3,212,398	2,530,557	297,998	383,843
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	236,624	1	174,064	
	2	Savings and temporary cash investments	507,280	2	832,350	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	75,574	4	491,860	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	25,806	9	18,295	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,046,903		
	b	Less: accumulated depreciation	10b	3,113,522	10c	1,933,381
	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	169,490	15	167,109	
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,026,868	16	3,617,059		
Liabilities	17	Accounts payable and accrued expenses	192,624	17	174,297	
	18	Grants payable		18		
	19	Deferred revenue	538,978	19	778,397	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties	134,074	23	120,633	
	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	59,301	25	10,200	
	26	Total liabilities. Add lines 17 through 25	924,977	26	1,083,527	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>					
	and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	1,920,780	27	2,413,710	
	28	Net assets with donor restrictions	181,111	28	119,822	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>					
	and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	2,101,891	32	2,533,532		
33	Total liabilities and net assets/fund balances	3,026,868	33	3,617,059		

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	3,825,424
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,212,398
3	Revenue less expenses. Subtract line 2 from line 1	3	613,026
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,101,891
5	Net unrealized gains (losses) on investments	5	(181,385)
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 on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,533,532

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 on 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 on 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 on Schedule O and describe any steps taken to undergo such audits		

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

2021

For calendar year **2021** or other tax year beginning 07-01, 2021, and ending 06-30, 20**22**

▶ **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).**

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 <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</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>C Book value of all assets at end of year ▶ 3,617,059</p>	<p>D Employer identification number 06-0740523</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check if an amended return.</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>		<p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>	
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p>		<p>J Enter the number of attached Schedules A (Form 990-T) ▶ 1</p>	
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶</p>		<p>L The books are in care of ▶ LAWANZA HOLDER 10 WOODSIDE LANE WES CT 06880 Telephone number ▶ (203)277-7253</p>	

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	(2,235)
2 Reserved	2	
3 Add lines 1 and 2	3	(2,235)
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	(2,235)
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	(2,235)
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	2	
3 Proxy tax. See instructions ▶	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	

Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d.			1e
2	Subtract line 1e from Part II, line 7			2
3	Other amounts due. 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 statement)			3
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here ▶ _____			4
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5
6a	Payments: A 2020 overpayment credited to 2021	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies. . . . ▶ <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ▶	6g		
7	Total payments. Add lines 6a through 6g			7
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>			8
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶			9
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶			10
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded ▶			11

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1 At any time during the 2021 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 ▶ _____	X		
2 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		
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____			
4 Enter available pre-2018 NOL carryovers here ▶ \$ _____. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
6a Did the organization change its method of accounting? (see instructions)	X		
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	_____	02-17-2023		P00027180
	Firm's name ▶ VISCONTI & ASSOCIATES, PC	Firm's EIN ▶ 06-1354191		Phone no.	
Firm's address ▶ 444 FOXON ROAD	EAST HAVEN CT 06513		203-865-2927		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

EARTHPLACE INC

Employer identification number

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).)
- 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

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	754,581	616,121	963,619	1,055,375	1,801,257	5,190,953
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	754,581	616,121	963,619	1,055,375	1,801,257	5,190,953
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						5,190,953

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	754,581	616,121	963,619	1,055,375	1,801,257	5,190,953
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	49,427	27,806	32,241	72,597	102,533	284,604
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				31,304	14,590	45,894
11 Total support. Add lines 7 through 10						5,521,451
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	94.01 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	93.19 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
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 lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

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

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>	1	

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?	1	
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>	2	
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

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 lines 2a and 2b 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>	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No," provide details in Part VI.</i>	3a	
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>	3b	

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

01. Other income (Part II, line 10 or Part III, line 12)

OTHER INCOME INCLUDES INCOME FROM FUNDRAISING EVENTS, INSURANCE PROCEEDS, SUSTAINABLE WESTPORT COMPOST SALES AND MISCELLANEOUS INCOME.

Multiple horizontal lines for providing additional information.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2021

Table with 2 columns: Name of the organization (EARTHPLACE INC) and Employer identification number (06-0740523)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (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

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization 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	R.R. CRAMER 13 WHITNEY GLEN WESTPORT CT 06880	\$ 523,967	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	LONG ISLAND COMMUNITY FOUNDATION 900 WALT WHITMAN ROAD MELVILLE NY 11747	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	JENIAM FOUNDATION PO BOX 3128 Newtown CT 06470	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	NATIONAL FISH & WILDLIFE FOUNDATION 1133 15ST NW SUITE 1100 Washington DC 20005	\$ 81,224	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	UCONN 10 PROSPECT ST Hartford CT 06103	\$ 90,173	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
6	CT HUMANITIES COUNCIL, INC 100 RIVERVIEW CENTER Middletown CT 06457	\$ 50,480	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

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
7	<u>US SMALL BUSINESS ADMIN</u> <u>330 MAIN ST</u> <u>Hartford CT 06106</u>	\$ <u>49,101</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>TOWN OF WESTPORT</u> <u>110 MRYTLE AVE</u> <u>Westport CT 06880</u>	\$ <u>105,000</u>	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.)
_____	_____ _____ _____	\$ _____	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.

2021

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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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	2,900	1,580	2,029	2,439	1,547
d Grants or scholarships					
e Other expenditures for facilities and programs	2,900	1,580	2,029	2,439	1,547
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 Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | 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		2,899,724	1,791,692	1,108,032
c Leasehold improvements				
d Equipment		473,963	344,069	129,894
e Other		1,033,020	977,761	55,259
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,933,381

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) SECURITY DEPOSITS	10,200	
(3) REFUNDABLE ADVANCE		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ▶	10,200	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,671,031
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	(181,385)	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	26,992	
e	Add lines 2a through 2d	2e	(154,393)	
3	Subtract line 2e from line 1	3	3,825,424	
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	3,825,424	

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	3,239,390
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	26,992	
e	Add lines 2a through 2d	2e	26,992	
3	Subtract line 2e from line 1	3	3,212,398	
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	3,212,398	

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 HAVE 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 26,992

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

SPECIAL EVENTS EXPENSES NETTED AGAINST FUNDRAISING REVENUE 26,992

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 IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS TAKEN BY EARTHPLACE AS OF THAT DATE.

**SCHEDULE G
(Form 990)****Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.****▶ Attach to Form 990 or Form 990-EZ.****▶ Go to www.irs.gov/Form990 for instructions and the latest information.****2021****Open to Public
Inspection**

Name of the organization

Employer identification number

EARTHPLACE INC

06-0740523

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		<u>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	106,691	33,650	9,174	149,515	
	2	Less: Contributions	23,000	12,400		35,400	
	3	Gross income (line 1 minus line 2)	83,691	21,250	9,174	114,115	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	15,872	8,673	2,447	26,992	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶					26,992
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶					87,123

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

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

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

EARTHPLACE INC

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.

Schedule O (Form 990) 2021

Depreciation and Amortization

(Including Information on Listed Property)

▶ 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 2020 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	136,059

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

Section A

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

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	#567					7,246
c 7-year property	#568					308
d 10-year property						
e 15-year property						
f 20-year property		30,377	20	MQ	SL	190
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	
				MM	S/L	

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

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	143,803
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.

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

▶ **Attach to your tax return.**
▶ **Go to www.irs.gov/Form4797 for instructions and the latest information.**

Name(s) shown on return EARTHPLACE INC	Identifying number 06-0740523
--	---

1 Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions **1**

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

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

3 Gain, if any, from Form 4684, line 39 **3**

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 **4**

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 **5**

6 Gain, if any, from line 32, from other than casualty or theft **6**

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows **7**

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

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

8 Nonrecaptured net section 1231 losses from prior years. See instructions **8**

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions **9**

Part II Ordinary Gains and Losses (see instructions)

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

Description	Date acquired	Date sold	Gross sales price	Depreciation	Cost or other basis	Gain or (loss)
FURNITURE HARBOR WATCH	06-30-2008	06-30-2022		6,957	7,413	(456)
EQUIP 2 TOUCH SCREEN COMPUTER	01-01-2013	01-01-2022		3,311	3,311	0
EQUIP SCOW DONATION	01-31-2015	01-01-2022		1,238	2,500	(1,262)
IMP ANIMAL HALL WASHINGTON	06-30-2017	06-30-2022		549	1,224	(675)

11 Loss, if any, from line 7 **11** ()

12 Gain, if any, from line 7 or amount from line 8, if applicable **12**

13 Gain, if any, from line 31 **13**

14 Net gain or (loss) from Form 4684, lines 31 and 38a **14**

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 **15**

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 **16**

17 Combine lines 10 through 16 **17** (2,393)

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

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions **18a**

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 **18b**

For Paperwork Reduction Act Notice, see separate instructions.

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

▶ **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.

Type or print	Name of exempt organization or other filer, see instructions. EARTHPLACE INC	Taxpayer identification number (TIN) 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	
	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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

• 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05-15, 20 23, 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 21, and ending 06-30, 20 22.

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-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-TE and Form 8879-TE for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

IRS e-file Signature Authorization for a Tax Exempt Entity

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

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

EIN or SSN

EARTHPLACE INC

06-0740523

Name and title of officer or person subject to tax

A MORRIS TOOKER, TREASURER

Part I Type of Return and Return Information

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

1a	Form 990 check here . . . ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,825,424</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 V, line 5).	4b	_____
5a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c).	5b	_____
6a	Form 990-T check here. . . ▶	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	_____
7a	Form 4720 check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1).	7b	_____
8a	Form 5227 check here . . . ▶	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here . . . ▶	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19).	9b	_____
10a	Form 8038-CP check here . ▶	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	_____

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

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

PIN: check one box only

I authorize VISCONTI & ASSOCIATES, PC to enter my PIN 17950 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax ▶

Date ▶ 11-11-2022

Part III Certification and Authentication

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

063110 54321

Don't enter all zeros

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

ERO's signature ▶

Date ▶ 02-17-2023

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Statement of Program Service Accomplishments

2021 PG01

Name(s) as shown on return

Your Social Security Number

EARTHPLACE INC

06-0740523

Form 990-Part III(a)
Statement of Service Accomplishment

Statement #4

Program Service Code	
Program Service Expenses	\$200000
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

Explanation

Statement of Program Service Accomplishments

2021 PG01

Name(s) as shown on return

Your Social Security Number

EARTHPLACE INC

06-0740523

Form 990-Part III(b)
Statement of Service Accomplishment

Statement #4

Program Service Code	
Program Service Expenses	\$160000
Grants and allocations included in above expense	\$0
Program Services Revenue	\$50131

Explanation

OTHER PROGRAM

Statement of Program Service Accomplishments

2021 PG01

Name(s) as shown on return

Your Social Security Number

EARTHPLACE INC

06-0740523

Form 990-Part III(c)
Statement of Service Accomplishment

Statement #4

Program Service Code	
Program Service Expenses	\$108105
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

Explanation

Statement of Program Service Accomplishments

2021 PG01

Name(s) as shown on return

Your Social Security Number

EARTHPLACE INC

06-0740523

Form 990-Part III(d)
Statement of Service Accomplishment

Statement #4

Program Service Code	
Program Service Expenses	\$100000
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

Explanation

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

EARTHPLACE INC

06-0740523

990-T Schedule A Part II - Line 14
Other Deductions

Statement #9

Form 990-T Schedule A: SALE OF GENERAL MERCHANDISE

Description	Amount
TOTAL EP EXPENSES	87,592
LESS CC PROCESSING FEES	(71,202)
LESS COGS GL 7010	(12,242)
LESS COGS GL 7500	(1,263)
LESS R&M ON LINE ABOVE	<u>(228)</u>
Total	<u><u>2,657</u></u>

Form 4562 - Line 19b **PG01**
Statement #567

Basis	RP	CV	Method	Deduction
7,445	5	MQ	200 DB	372
1,350	5	MQ	200 DB	68
5,335	5	MQ	200 DB	1,867
1,426	5	MQ	200 DB	499
3,185	5	MQ	200 DB	159
9,851	5	MQ	200 DB	3,448
2,381	5	MQ	200 DB	<u>833</u>
Total				<u><u>7,246</u></u>

Form 4562 - Line 19c **PG01**
Statement #568

Basis	RP	CV	Method	Deduction
4,987	7	MQ	SL	267
1,146	7	MQ	200 DB	<u>41</u>
Total				<u><u>308</u></u>

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Overflow Statement

2021

Page 2

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Name(s) as shown on return

EARTHPLACE INC

FEIN

06-0740523

<u>Description</u>	<u>Amount</u>
INVESTMENT LOSS	\$ (140,601)
PLUS UNREALIZED LOSS	181,385
INTEREST INCOME (MISC INC)	40
Total:	\$ <u>40,824</u>

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS (FUNDRAISING EVENTS)	\$ 149,515
	(35,400)
Total:	\$ <u>114,115</u>

<u>Description</u>	<u>Amount</u>
EVENT EXPENSE	\$ 26,992
Total:	\$ <u>26,992</u>

<u>Description</u>	<u>Amount</u>
COMP	\$ 1,596,130
LESS TONY	(53,306)
Total:	\$ <u>1,542,824</u>

<u>Description</u>	<u>Amount</u>
COMP	\$ 177,348
LESS TONY	(15,231)
Total:	\$ <u>162,117</u>

<u>Description</u>	<u>Amount</u>
COMP	\$ 197,053
LESS TONY	(83,767)
Total:	\$ <u>113,286</u>

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Overflow Statement

2021

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Name(s) as shown on return

EARTHPLACE INC

FEIN

06-0740523

Description	Amount
	\$ 48,544
Total:	\$ 48,544

Description	Amount
	\$ 5,394
Total:	\$ 5,394

Description	Amount
	\$ 4,855
Total:	\$ 4,855

Description	Amount
PERMITS	\$ 1,709
MAINTENANCE	15,327
MEETINGS	1,306
BAD DEBT	6,070
TEMPORARY HELP	32,041
loss on disposal of equipment	1,938
Total:	\$ 58,391

Description	Amount
FUNDRAISING	\$ 759
PERMITS	570
MEETINGS	145
TEMPORARY HELP	3,560
MAINTENANCE	1,703
DEVELOPMENT	512
loss on disposal	215
Total:	\$ 7,464

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Overflow Statement

2021

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Name(s) as shown on return

FEIN

EARTHPLACE INC

06-0740523

Description	Amount
DEVELOPMENT	\$ 25,062
FUNDRAISING	37,162
SCH G EXP NETTED ON PAGE 9	(26,992)
MAINTENANCE	1,892
MEETINGS	161
TEMPORARY HELP	3,956
LOSS ON DISPOSAL	239
Total:	\$ 41,480

Description	Amount
CASH-UNRESTRICTED	\$ 121,272
CASH-RESTRICTED	52,792
Total:	\$ 174,064

Description	Amount
DEFERRED PROGRAM	\$ 702,352
DEFERRED GRANT	76,045
Total:	\$ 778,397

Description	Amount
CURRENT POSITION NP	\$ 11,402
NET OF CURRENT NP	109,231
Total:	\$ 120,633

Description	Amount
UNDESIGNATED	\$ 2,306,573
DESIGNATED FOR CC	107,137
Total:	\$ 2,413,710

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Overflow Statement

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2021

Page 5

Name(s) as shown on return

EARTHPLACE INC

FEIN

06-0740523

<u>Description</u>	<u>Amount</u>
RENT	\$ 61,709
Investment Income	40,824
Total:	\$ <u>102,533</u>

<u>Description</u>	<u>Amount</u>
BUILDINGS AND BUILDING IMPROVEMENTS	\$ 2,899,724
Total:	\$ <u>2,899,724</u>

<u>Description</u>	<u>Amount</u>
FURNITURE	\$ 251,829
MACHINERY AND EQUIPMENT	222,134
Total:	\$ <u>473,963</u>

<u>Description</u>	<u>Amount</u>
EXHIBITS	\$ 1,033,020
Total:	\$ <u>1,033,020</u>

<u>Description</u>	<u>Amount</u>
	\$ 977,761
Total:	\$ <u>977,761</u>

<u>Description</u>	<u>Amount</u>
FUNDRAISING EXPENSES NETTED TO REVENUE ON PAGE 9	\$ 26,992
Total:	\$ <u>26,992</u>

990**Overflow Statement****2021**

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Name(s) as shown on return

EARTHPLACE INC

FEIN

06-0740523

Description	Amount
EXPENSE REDUCED BY FUNDRAISING EXP NETTED ON PAGE 9	\$ 26,992
Total:	\$ 26,992

Form 990-T Unrelated Trade or Business Income

Description	Amount
RETAIL SHOP	\$ 9,146
SNACK	1,386
SUSTAINABLE WESTPORT RETAIL SHOP	3,623
Total:	\$ 14,155

Form 990-T, Sch A Cost of Goods Sold

Description	Amount
RETAIL COGS GL 7010	\$ 12,242
GL 7500	1,263
Total:	\$ 13,505

Description	Amount
FESTIVAL	\$ 8,218
TICKET	5,633
WOODSIDE BASH	21,561
RAISE THE PADDLE	48,279
FF INDIVIDUAL SPONSOR	11,500
FF CORPORATE SPONSOR	11,500
Total:	\$ 106,691

Description	Amount
COPORATE SPONSOR	\$ 1,500
TICKETS	17,750
SUCTION	3,500
INDIVIDUAL SPONSOR	10,900
Total:	\$ 33,650

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Overflow Statement

2021

Page 7

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Name(s) as shown on return

EARTHPLACE INC

FEIN

06-0740523

<u>Description</u>	<u>Amount</u>
OTHER EVENT	\$ 1,175
	7,999
Total:	\$ 9,174

<u>Description</u>	<u>Amount</u>
OTHER REV	\$ 14,630
INTEREST	(40)
Total:	\$ 14,590

* Item is included in UBIA
for Section 199A calculations.
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Depreciation Detail Listing

Program Services
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2021

PAGE 1

Name(s) as shown on return

Social security number/EIN

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
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	2,756	315	3,071	3,071	315
9	14 WOODSIDE - TILE BA	10102012	2,200		100.00			2,200 20	SL HY	5	963	110	1,073	1,073	110
10	14 WOODSIDE - HANDRAI	10102012	1,100		100.00			1,100 20	SL HY	5	481	55	536	536	55
11	14 WOODSIDE - KITCHEN	10102012	2,400		100.00			2,400 20	SL HY	5	1,050	120	1,170	1,170	120
12	IMP HANDICAP RAMPS	09302014	1,880		100.00			1,880 20	SL HY	5	635	94	729	729	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			0	13,750		13,750	
25	EXHIBITS POND PROJECT	07012015	32,900		100.00			32,900 10	SL HY	10	19,740	3,290	23,030	23,030	3,290
26	EXHIBIT HALL - PLAN I	06302003	23,000		100.00			23,000 16			0	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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Depreciation Detail Listing

Program Services
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2021

PAGE 2

Name(s) as shown on return

Social security number/EIN

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
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		0	3,400		3,400	
48	EXHIBITS - MARION GRE	06302001	9,395		100.00			9,395	20		0	6,109		6,109	
49	EXHIBITS - MARION GRE	06302002	10,162		100.00			10,162	20	SL MQ	5	6,604	508	7,112	508
50	EXHIBITS - MARION GRE	06302003	15,363		100.00			15,363	20	SL MQ	5	9,984	768	10,752	768
51	EXHIBITS - MISC TILE	06302003	3,636		100.00			3,636	20	SL MQ	5	2,366	182	2,548	182
52	EXHIBITS - MISC TILE	06302004	19,550		100.00			19,550	20	SL MQ	5	12,709	977	13,686	978
53	EXHIBITS - MARION GRE	06302005	39,523		100.00			39,523	20	SL MQ	5	25,688	1,976	27,664	1,976
54	EXHIBITS - MISC TILE	06302005	1,719		100.00			1,719	20	SL MQ	5	1,118	86	1,204	86
55	EXHIBITS - MARION GRE	06302006	15,265		100.00			15,265	20	SL MQ	5	9,920	763	10,683	763
56	EXHIBITS - MARION GRE	06302007	9,915		100.00			9,915	20	SL MQ	5	6,448	496	6,944	496
57	EXHIBITS - MISC TILE	06302008	13,367		100.00			13,367	20	SL MQ	5	8,685	668	9,353	668
58	EXHIBITS - MISC TILE	06302009	6,462		100.00			6,462	20	SL MQ	5	3,716	323	4,039	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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Depreciation Detail Listing

Program Services
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Name(s) as shown on return

Social security number/EIN

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
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		0	3,100		3,100	
73	EXHIBITS- ORIENTEERIN	11232015	3,300		100.00			3,300	10	SL HY	10	1,843	330	2,173	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	14,491	805	15,296	805
80	FURNITURE & FIX- NURS	06302005	4,750		100.00			4,750	15		0	4,750		4,750	
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	15,022	978	16,000	978
84	FURNITURE & FIX - MET	06302007	6,800		100.00			6,800	10		0	6,800		6,800	
85	FURNITURE PLAYGROUND	06302008	10,400		100.00			10,400	15	SL MQ	6.667	9,646	693	10,339	693
86	FURNITURE PLAYGROUND	06302008	10,240		100.00			10,240	15	SL MQ	6.667	9,276	683	9,959	683
87	FURNITURE PLAYGROUND	06302008	14,600		100.00			14,600	15	SL MQ	6.667	12,812	973	13,785	973
88	FURNITURE PLAYGROUND	06302008	26,175		100.00			26,175	15	SL MQ	6.667	22,685	1,745	24,430	1,745
89	FURNITURE NS MOBILE S	06302008	4,060		100.00			4,060	7		0	4,060		4,060	
91	FURNITUR PURIFIER HAR	06302008	2,896		100.00			2,896	5		0	2,896		2,896	

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Depreciation Detail Listing

Program Services
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Name(s) as shown on return

Social security number/EIN

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
92	FURNITURE WATERBATH	06302008	2,379		100.00			2,379	5		0	2,379		2,379	
93	FURNITURE HARBOR WATC	06302009	2,549		100.00			2,549	5		0	2,549		2,549	
94	FURNITURE NS TOUCHLES	06302009	4,300		100.00			4,300	5		0	4,300		4,300	
95	FURNITURE AUDITORIUM	06302011	5,403		100.00			5,403	10		0	5,403		5,403	
96	FURNITURE COMPUTERS	06302011	22,739		100.00			22,739	5		0	22,739		22,739	
97	FURNITURE HW EQUIPMEN	01312012	4,368		100.00			4,368	10	SL HY	10	4,151	217	4,368	217
98	FURNITURE CARPETING	09142012	25,808		100.00			25,808	10	SL HY	10	22,799	2,581	25,380	2,581
99	FURNITURE SPECTROPHOT	02062013	4,560		100.00			4,560	10	SL HY	10	3,800	456	4,256	456
100	FURNITURE SMARTBOARD	06302013	1,000		100.00			1,000	7		0	1,000		1,000	
101	FURNITURE SHED	06302014	2,000		100.00			2,000	20	SL HY	5	700	100	800	100
102	FURNITURE FISHER SCIE	07082015	1,042		100.00			1,042	10	SL HY	10	624	104	728	104
103	FURNITURE HOME DEPOT	07202015	1,930		100.00			1,930	10	SL HY	10	1,142	193	1,335	193
104	IMP CAPITAL IMPROVEME	06301998	16,017		100.00			16,017	40	SL MM	2.5	9,401	400	9,801	400
105	IMP IMPROVEMENTS	06301999	2,600		100.00			2,600	40	SL MM	2.5	1,462	65	1,527	65
106	IMP CAPITAL IMPROVEME	06302000	13,378		100.00			13,378	40	SL MM	2.5	7,182	334	7,516	334
107	IMP CAPITAL IMPROVEME	06302001	469,360		100.00			469,360	40	SL MM	2.5	240,547	11,734	252,281	11,734
108	IMP CAPITAL IMPROVEME	06302002	40,120		100.00			40,120	40	SL MM	2.5	19,057	1,003	20,060	1,003
109	IMP CAPITAL IMPROVEME	06302007	7,797		100.00			7,797	20	SL MQ	5	5,460	390	5,850	390
110	IMP CAPITAL IMPROVEME	06302010	127,515		100.00			127,515	20	SL MQ	5	68,010	6,376	74,386	6,376
111	IMP AUDITORIUM CEILIN	06302010	26,063		100.00			26,063	20	SL MQ	5	14,767	1,303	16,070	1,303
112	IMP ROOF	06302011	67,141		100.00			67,141	20	SL MQ	5	35,808	3,357	39,165	3,357
113	IMP AUDITORIUM KITCHE	06302011	22,418		100.00			22,418	20	SL MQ	5	11,584	1,121	12,705	1,121
114	IMP WINDOWS	06302011	123,981		100.00			123,981	20	SL MQ	5	65,348	6,199	71,547	6,199
115	IMP A/C	06302011	54,730		100.00			54,730	7		0	54,730		54,730	
116	IMP LOBBY LIGHTING	06302011	5,683		100.00			5,683	20	SL MQ	5	2,946	284	3,230	284
117	IMP NS LIGHTING IN RO	06302011	5,587		100.00			5,587	20	SL MQ	5	2,919	279	3,198	279
118	IMP NS FLOOR	06302011	13,986		100.00			13,986	20	SL MQ	5	7,137	699	7,836	699
119	IMP ACOUSTICS IN AUDI	06302011	4,087		100.00			4,087	20	SL MQ	5	2,092	204	2,296	204
120	IMP AUDITORIUM FLOOR	07012011	16,938		100.00			16,938	20	SL HY	5	8,470	847	9,317	847
121	IMP PURGOLA	07012011	6,065		100.00			6,065	20	SL HY	5	3,031	303	3,334	303

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Depreciation Detail Listing

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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
122	IMP ASBESTOS ABATEMEN	09142012	9,600		100.00			9,600	20	SL HY	5	4,240	480	4,720	480
123	IMP TELEPHONE SYSTEM	08142013	9,635		100.00			9,635	5		0	9,635		9,635	
124	IMP ELECTRICAL WORK F	08142013	1,100		100.00			1,100	10	SL HY	10	816	110	926	110
125	IMP FIRE DOOR AND FRA	06302014	1,683		100.00			1,683	20	SL HY	5	588	84	672	84
126	IMP CLASSROOM (OLD EC	06302005	4,229		100.00			4,229	10		0	4,229		4,229	
127	IMP GUTTERS	07072015	1,250		100.00			1,250	20	SL HY	5	374	62	436	63
128	IMP SHOWER	11022015	2,500		100.00			2,500	20	SL HY	5	708	125	833	125
129	IMP FENCE- BIRDS OF P	07202015	1,900		100.00			1,900	10	SL HY	10	1,124	190	1,314	190
130	IMP CPACE PROJECT INS	10232015	11,274		100.00			11,274	20	SL HY	5	3,196	564	3,760	564
131	IMP ENCON LIGHTING	12312015	20,818		100.00			20,818	20	SL HY	5	5,725	1,041	6,766	1,041
132	IMP ENCON FURNACE	12222015	40,180		100.00			40,180	20	SL HY	5	11,050	2,009	13,059	2,009
133	IMP ASBESTOS REMOVAL	10262015	2,260		100.00			2,260	20	SL HY	5	640	113	753	113
134	IMP LIVING WALL	02262016	1,938		100.00			1,938	10	SL HY	10	1,035	194	1,229	194
135	IMP OFFICE REMODEL	03112016	2,141		100.00			2,141	20	SL HY	5	571	107	678	107
136	IMP STORE	04012016	25,050		100.00			25,050	20	SL HY	5	6,574	1,252	7,826	1,252
137	IMP STORE PAINTING	06302016	7,275		100.00			7,275	5		0	7,275		7,275	
138	IMP BONAFIDE ELECTRIC	09252015	1,475		100.00			1,475	20	SL HY	5	425	74	499	74
139	IMP MHR DEVELOPMENT I	12232015	5,150		100.00			5,150	20	SL HY	5	1,415	257	1,672	258
140	IMP MUSEUM BUILDING	05311961	165,925		100.00			165,925	50		0	165,925		165,925	
141	IMP MUSEUM BUILDING	06301986	16,671		100.00			16,671	30		0	16,671		16,671	
142	IMP MUSEUM BUILDING	06301987	4,707		100.00			4,707	30		0	4,707		4,707	
143	IMP MUSEUM BUILDING	06301988	4,604		100.00			4,604	30		0	4,604		4,604	
144	IMP MUSEUM BUILDING	06301988	7,000		100.00			7,000	30		0	7,000		7,000	
145	IMP MUSEUM BUILDING	06301988	1,161		100.00			1,161	30		0	1,161		1,161	
146	IMP MUSEUM BUILDING	06301988	38,145		100.00			38,145	40	SL MM	2.5	31,481	954	32,435	954
147	IMP MUSEUM BUILDING	06301988	5,547		100.00			5,547	40	SL MM	2.5	4,586	139	4,725	139
148	IMP MUSEUM BUILDING	06301989	51,309		100.00			51,309	40	SL MM	2.5	41,696	1,283	42,979	1,283
149	IMP MUSEUM BUILDING	06301990	41,277		100.00			41,277	40	SL MM	2.5	32,508	1,032	33,540	1,032
150	IMP MUSEUM BUILDING	06301991	17,165		100.00			17,165	40	SL MM	2.5	13,087	429	13,516	429
151	IMP MUSEUM BUILDING	06301992	4,735		100.00			4,735	10		0	4,735		4,735	

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Depreciation Detail Listing

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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
152	IMP MUSEUM BUILDING	06301992	39,580		100.00			39,580	40	SL MM	2.5	29,200	989	30,189	990
153	IMP MUSEUM BUILDING	06301993	283,223		100.00			283,223	40	SL MM	2.5	200,237	7,081	207,318	7,081
154	IMP MUSEUM BUILDING	06301994	301,558		100.00			301,558	40	SL MM	2.5	209,611	7,539	217,150	7,539
155	IMP MUSEUM BUILDING	06301996	6,333		100.00			6,333	10		0	6,333		6,333	
156	IMP MUSEUM BUILDING	12312011	96,058		100.00			96,058	5		0	96,058		96,058	
157	IMP NS BATHROOM	10012014	11,750		100.00			11,750	15	SL HY	6.667	5,286	783	6,069	783
158	IMP PAYMENT TOWARD BA	10012014	4,500		100.00			4,500	15	SL HY	6.667	2,025	300	2,325	300
159	IMP BATHROOM FINAL	10012014	7,950		100.00			7,950	15	SL HY	6.667	3,578	530	4,108	530
160	IMP BATHROOM ARCHITEC	10012014	4,000		100.00			4,000	15	SL HY	6.667	1,802	267	2,069	267
161	IMP PROJECTOR SCREEN	09102014	1,420		100.00			1,420	10	SL HY	10	970	142	1,112	142
162	IMP HW LAB	07012015	118,155		100.00			118,155	39	SL MM	2.564	18,180	3,030	21,210	3,030
163	IMP ALARM SYSTEM	07012015	3,448		100.00			3,448	39	SL MM	2.564	528	88	616	88
165	EQUIP AUTOCLAVE	08142013	44,821		100.00			44,821	10	SL HY	10	33,242	4,482	37,724	4,482
166	EQUIP AUTOCLAVE ELECT	12062013	1,610		100.00			1,610	10	SL HY	10	1,140	161	1,301	161
167	EQUIP PHONE SYSTEM	06302014	2,450		100.00			2,450	5		0	2,450		2,450	
168	EQUIP FIREWALL APPLIA	06302014	1,099		100.00			1,099	5		0	1,099		1,099	
169	EQUIP REACTOR & PARTS	06302014	1,643		100.00			1,643	10	SL HY	10	1,148	164	1,312	164
170	EQUIP CANOE TRAILER	07212014	3,180		100.00			3,180	15	SL HY	6.667	1,466	212	1,678	212
171	EQUIP NAVIGATION SYST	10152014	8,000		100.00			8,000	15	SL HY	6.667	3,598	533	4,131	533
173	EQUIP WATER PROBE	06152015	4,591		100.00			4,591	15	SL HY	6.667	1,862	306	2,168	306
174	EQUIP 2 UV STERILIZER	06212016	5,340		100.00			5,340	10	SL HY	10	2,670	534	3,204	534
175	EQUIP 115V INCUBATOR	07222015	2,919		100.00			2,919	10	SL HY	10	1,728	292	2,020	292
176	EQUIP 115V INCUBATOR	09152015	2,919		100.00			2,919	10	SL HY	10	1,703	292	1,995	292
177	EQUIP AED	07012015	1,895		100.00			1,895	10	SL HY	10	1,137	189	1,326	190
178	EQUIP FENCE - BIRDS O	07012015	878		100.00			878	10	SL HY	10	528	88	616	88
179	EQUIP DO PROBES	06012016	3,362		100.00			3,362	10	SL HY	10	1,708	336	2,044	336
180	EQUIP HYDROSOL MACHIN	04182016	3,001		100.00			3,001	10	SL HY	10	1,550	300	1,850	300
181	EQUIP PORTABLE HAN	06282016	1,668		100.00			1,668	10	SL HY	10	835	167	1,002	167
182	EQUIP PROJECTOR SCREE	02012016	1,909		100.00			1,909	10	SL HY	10	1,035	191	1,226	191
183	EQUIP YSA INC	06212016	6,736		100.00			6,736	10	SL HY	10	3,370	674	4,044	674

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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
184	IMP 14 WOODSIDE LANE	08312016	8,368		100.00			8,368	20	SL HY	5	2,021	418	2,439	418
185	IMP POND PROJECT	08312016	940		100.00			940	10	SL HY	10	454	94	548	94
186	IMP AMPITHEATER	06302017	24,484		100.00			24,484	15	SL HY	6.667	6,528	1,632	8,160	1,632
187	IMP POND PLATFORM	08312016	34,322		100.00			34,322	15	SL HY	6.667	11,059	2,288	13,347	2,288
188	IMP UTDOOR CLASSROOM	09302016	1,600		100.00			1,600	15	SL HY	6.667	508	107	615	107
189	EQUIP LAB EQUIPMENT	07012016	3,020		100.00			3,020	10	SL HY	10	1,510	302	1,812	302
190	IMP CSPACE PROJECT INS	09302016	77,728		100.00			77,728	10	SL HY	10	34,007	7,773	41,780	7,773
191	IMP WEBSITE	02282017	8,465		100.00			8,465	3		0	8,465		8,465	
192	EQUIP ED BOX - GOES W	07312016	279		100.00			279	10	SL HY	10	138	28	166	28
193	IMP ANIMAL HALL REMOD	10012017	75,000		100.00			75,000	15	SL HY	6.667	17,500	5,000	22,500	5,000
194	EQUIP LENOVO THINKPAD	09012017	1,348		100.00			1,348	5	SL HY	20	945	270	1,215	270
195	IMP BLDG IMPROVEMENTS	05012018	42,020		100.00			42,020	15	SL HY	6.667	9,804	2,801	12,605	2,801
197	IMP ANIMAL HALL FIRE	10012017	3,007		100.00			3,007	10	SL HY	10	1,053	301	1,354	301
198	EQUIP FIREWALL APPLIA	10062017	4,000		100.00			4,000	5	SL HY	20	2,800	800	3,600	800
199	EQUIP PRESCHOOLPLAYGR	08012017	6,400		100.00			6,400	10	SL HY	10	2,240	640	2,880	640
200	EQUIP INCUBATOR	06012018	7,566		100.00			7,566	5	SL HY	20	5,296	1,513	6,809	1,513
201	IMP MALLOY ROOM FLOOR	08162017	2,998		100.00			2,998	15	SL HY	6.667	700	200	900	200
202	EQUIP SERVER REPLACEM	04242018	6,720		100.00			6,720	5	SL HY	20	4,704	1,344	6,048	1,344
203	FURN IKEA DESKS	07012018	1,065		100.00			1,065	7	SL HY	14.286	380	152	532	152
204	FURN PLAYGROUND FENCE	08292018	2,800		100.00			2,800	15	SL HY	6.667	467	187	654	187
205	FURN CRIBS	09012018	3,246		100.00			3,246	7	SL HY	14.286	1,160	464	1,624	464
206	FURN COMMUNITY PLAYTH	09012018	1,584		100.00			1,584	7	SL HY	14.286	565	226	791	226
207	FURN DISCOUNT SCHOOL	09012018	1,523		100.00			1,523	7	SL HY	14.286	545	218	763	218
208	FURN LARK LABEL SIGNA	11062018	5,495		100.00			5,495	7	SL HY	14.286	1,963	785	2,748	785
209	IMP NEST BUILDING IMP	09012018	42,915		100.00			42,915	20	SL HY	5	5,365	2,146	7,511	2,146
210	EQUIP PLAYGROUND	10082018	37,996		100.00			37,996	15	SL HY	6.667	6,333	2,533	8,866	2,533
211	EQUIP CANAAN TECH COM	11212018	4,093		100.00			4,093	5	SL HY	20	2,047	819	2,866	819
212	EQUIP CANAAN BACKUP A	10292018	2,665		100.00			2,665	5	SL HY	20	1,333	533	1,866	533
213	EQUIP TRACTOR	12082018	10,000		100.00			10,000	7	SL HY	14.286	3,572	1,429	5,001	1,429
214	EQUIP NEW CANAAN ALAR	09012018	4,470		100.00			4,470	5	SL HY	20	2,235	894	3,129	894

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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
215	IMP EURO CUSTOM WOODW	01312019	1,850		100.00			1,850	20	SL HY	5	230	92	322	92
216	IMP MARK ANDERSON WAT	06302019	1,500		100.00			1,500	20	SL HY	5	188	75	263	75
217	EUQIP NEST EQUIPMENT	07242018	970		100.00			970	7	SL HY	14.286	347	139	486	139
218	FURN LARK LABEL PANEL	08012019	3,593		100.00			3,593	5	SL HY	20	1,078	719	1,797	719
219	IMP PLAYGROUND FLOOR	08272020	3,300		100.00			3,300	15	SL MQ	6.667	193	220	413	220
220	EQUIP SONIC WALL	10202020	1,670		100.00			1,670	5	SL MQ	20	209	334	543	334
221	EQUIP LENOVO COMPUTER	02282021	1,073		100.00			1,073	5	SL MQ	20	80	215	295	215
222	EQUIP COMPUTER	05242021	1,843		100.00			1,843	5	SL MQ	20	46	369	415	369
223	EQUIP COMPUTER	06162021	1,354		100.00			1,354	5	SL MQ	20	34	271	305	271
224	IMP AIR CONDITIONING	12312020	40,149		100.00			40,149	39	SL MM	2.564	558	1,029	1,587	1,029
225	EQUIP FENCE BY FENCEC	06102021	2,596		100.00			2,596	10	SL MQ	10	32	260	292	260
226	IMP OIL TAKE	05022022	30,377		100.00			30,377	20	SL MQ	.625		190	190	190
227	FURN UPHOLSTERY	03142022	4,987		100.00			4,987	7	SL MQ	5.357		267	267	267
228	FURN COMMUNITY PLAYTH	04252022	1,146		100.00			1,146	7	200 DB MQ	3.57		41	41	41
229	EQUIP MICROSOFT STORE	04252022	7,445		100.00			7,445	5	200 DB MQ	5		372	372	372
230	EQUIP LENOVO COMPUTER	06302022	1,350		100.00			1,350	5	200 DB MQ	5		68	68	68
231	EQUIP WALKIE TALKIES	07012021	5,335		100.00			5,335	5	200 DB MQ	35		1,867	1,867	1,867
232	EQUIP SQUARE HARDWARE	08012021	1,426		100.00			1,426	5	200 DB MQ	35		499	499	499
233	EQUIP CANAAN TECH	05022022	3,185		100.00			3,185	5	200 DB MQ	5		159	159	159
234	IMP PAINTING	07202021	9,851		100.00			9,851	5	200 DB MQ	35		3,448	3,448	3,448
235	EQUIP COMPUTER	07012021	2,381		100.00			2,381	5	200 DB MQ	35		833	833	833
	Assets Sold/Abandoned														
90	FURNITURE HARBOR WATC	06302008	7,413		100.00			7,413	15	SL MQ	6.667	6,463	494	6,957	494
164	EQUIP 2 TOUCH SCREEN	07182013	3,311		100.00			3,311	5		0	3,311		3,311	
172	EQUIP SCOW DONATION	01312015	2,500		100.00			2,500	15	SL HY	6.667	1,071	167	1,238	167
196	IMP ANIMAL HALL WASHI	10012017	1,224		100.00			1,224	10	SL HY	10	427	122	549	122
	Totals		5,061,365					4,421,168				2,982,073	143,803	3,125,876	143,808

Land Amount
Net Depreciable Cost

5,061,365

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

143,803

ST ADJ:

Depreciation Reconciliation for EARTHPLACE INC

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
Beginning of Year	4,993,882	4,353,685	136,059	3,118,132	
Placed in Service in Current Year	67,483	67,483	7,744	7,744	
Removed from Service in Current Year	14,448	14,448	783	12,055	
End of Year	5,046,917	4,406,720	143,020	3,113,821	

Next Year's Depreciation Worksheet

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EARTHPLACE INC

06-0740523

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	10 WOODSIDE LANE	06-30-1970		NDA	0	
PRG	1	MAPLE LANE	06-30-1970		NDA	0	
PRG	1	MARSH COURT	06-30-1970		NDA	0	
PRG	1	14 WOODSIDE YEAR END 69	05-31-1969	28,148	SL	7	
PRG	1	14 WOODSIDE - 94 - ROOFI	06-30-1994	4,262	SL	7	
PRG	1	14 WOODSIDE - 99 - REFR	06-30-1999	1,351	SL	7	
PRG	1	14 WOODSIDE - 00 - FRENC	06-30-2000	2,200	SL	7	
PRG	1	14 WOODSIDE - WINDOWS	10-10-2012	6,300	SL	20	315
PRG	1	14 WOODSIDE - TILE BATHR	10-10-2012	2,200	SL	20	110
PRG	1	14 WOODSIDE - HANDRAIL	10-10-2012	1,100	SL	20	55
PRG	1	14 WOODSIDE - KITCHEN CO	10-10-2012	2,400	SL	20	120
PRG	1	IMP HANDICAP RAMPS	09-30-2014	1,880	SL	20	94
PRG	1	CYPRESS POND 1972	06-30-1972	26,078	SL	7	
PRG	1	CYPRESS POND 2000 FRENCH	06-30-2000	2,200	SL	7	
PRG	1	CYPRESS POND 2000 ROOFIN	06-30-2000	6,385	SL	7	
PRG	1	CYPRESS POND '01 WATER H	06-30-2001	2,138	SL	7	
PRG	1	EXHIBITS - BIRD CAGE	06-30-1998	1,000	SL	10	
PRG	1	EXHIBITS - CAGES AND DIO	06-30-1999	8,650	SL	10	
PRG	1	EXHIBITS - BIRD CAGE 01	06-30-2001	4,494	SL	10	
PRG	1	EXHIBITS - EAGLE CAGE	06-30-2002	4,801	SL	10	
PRG	1	EXHIBITS - OWL CAGE	06-30-2005	3,500	SL	10	
PRG	1	EXHIBITS - 2 MOBILE ANIM	06-30-2005	4,500	SL	10	
PRG	1	EXHIBITS OWL CAGE	06-30-2007	4,500	SL	10	
PRG	1	EXHIBITS - HALL ASBESTOS	06-30-2003	13,750	SL	18	
PRG	1	EXHIBITS POND PROJECT	07-01-2015	32,900	SL	10	3,290
PRG	1	EXHIBIT HALL - PLAN INIT	06-30-2003	23,000	SL	16	
PRG	1	EXHIBIT HALL - PLAN MIDT	06-30-2004	55,353	SL	10	
PRG	1	EXHIBIT HALL - LIGHTING	06-30-2004	50,500	SL	10	
PRG	1	EXHIBIT HALL - ELECTRICA	06-30-2005	44,525	SL	10	
PRG	1	EXHIBIT HALL - CARPET	06-30-2005	16,447	SL	10	
PRG	1	EXHIBIT HALL - CONSTRUCT	06-30-2005	50,500	SL	10	
PRG	1	EXHIBIT HALL- OTHER	06-30-2005	25,606	SL	10	
PRG	1	EXHIBIT HALL - LIGHTING	06-30-2005	29,631	SL	10	
PRG	1	EXHIBIT HALL - ELECTRICA	06-30-2006	17,150	SL	10	
PRG	1	EXHIBIT HALL - CONSTRUCT	06-30-2006	235,546	SL	10	
PRG	1	EXHIBIT HALL - PAINTING	06-30-2006	1,900	SL	10	
PRG	1	EXHIBIT HALL - OTHER	06-30-2006	6,860	SL	10	
PRG	1	EXHIBIT HALL - INTEREST	06-30-2006	3,039	SL	10	
PRG	1	EXHIBIT HALL - CONSTRUCT	06-30-2007	3,446	SL	10	
PRG	1	EXHIBIT HALL - ELECTRICA	06-30-2007	8,748	SL	10	
PRG	1	EXHIBIT HALL - SIGNS	06-30-2007	4,015	SL	10	
PRG	1	EXHIBIT HALL - OTHER	06-30-2007	1,388	SL	10	
PRG	1	EXHIBIT HALL - INTEREST	06-30-2007	14,398	SL	10	
PRG	1	EXHIBIT HALL - CONSTRUCT	06-30-2008	12,205	SL	10	
PRG	1	EXHIBIT HALL - SIGNS	06-30-2008	3,038	SL	10	
PRG	1	EXHIBIT HALL - INTEREST	06-30-2008	3,968	SL	10	
PRG	1	EXHIBIT HALL - SNAKE CAG	06-30-2009	3,400	SL	10	
PRG	1	EXHIBITS - MARION GREBOW	06-30-2001	9,395	SL	20	470
PRG	1	EXHIBITS - MARION GREBOW	06-30-2002	10,162	SL	20	508
PRG	1	EXHIBITS - MARION GREBOW	06-30-2003	15,363	SL	20	768
PRG	1	EXHIBITS - MISC TILE WAL	06-30-2003	3,636	SL	20	182
PRG	1	EXHIBITS - MISC TILE WAL	06-30-2004	19,550	SL	20	977

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PRG	1	EXHIBITS - MARION GREBOW	06-30-2005	39,523	SL	20	1,976
PRG	1	EXHIBITS - MISC TILE WAL	06-30-2005	1,719	SL	20	86
PRG	1	EXHIBITS - MARION GREBOW	06-30-2006	15,265	SL	20	763
PRG	1	EXHIBITS - MARION GREBOW	06-30-2007	9,915	SL	20	496
PRG	1	EXHIBITS - MISC TILE WAL	06-30-2008	13,367	SL	20	668
PRG	1	EXHIBITS - MISC TILE WAL	06-30-2009	6,462	SL	20	323
PRG	1	EXHIBITS -UNIV. TRAIL AR	06-30-2000	19,501	SL	10	
PRG	1	EXHIBITS -UNIV. TRAIL AR	06-30-2001	17,236	SL	10	
PRG	1	EXHIBITS- UNIV. TRAIL LA	06-30-2003	15,018	SL	14	
PRG	1	EXHIBITS - UNIV. TRAIL N	06-30-2003	56,640	SL	14	
PRG	1	EXHIBITS - UNIV. TRAIL N	06-30-2003	9,174	SL	14	
PRG	1	EXHIBITS - UNIV. TRAIL N	06-30-2004	12,484	SL	10	
PRG	1	EXHIBITS - UNIV. TRAIL 5	06-30-2004	3,150	SL	10	
PRG	1	EXHIBITS - UNIV. NATURE	06-30-2005	13,265	SL	10	
PRG	1	EXHIBITS - UNIV. NATURE	06-30-2005	4,551	SL	10	
PRG	1	EXHIBITS - UNIV NATURE T	06-30-2005	6,697	SL	10	
PRG	1	EXHIBITS - UNIV NATURE T	03-30-2006	17,300	SL	10	
PRG	1	EXHIBITS - UNIV TRAIL WO	06-30-2007	9,090	SL	10	
PRG	1	EXHIBITS - UNIV TRL - DE	06-30-2008	5,400	SL	10	
PRG	1	EXHIBITS - UNIV TRAIL CO	06-30-2009	3,100	SL	10	
PRG	1	EXHIBITS- ORIENTEERING U	11-23-2015	3,300	SL	10	330
PRG	1	FURNITURE & FIXTURES - L	06-30-1996	5,070	SL	3	
PRG	1	FURNITURE & FIXTURES - P	06-30-2001	1,550	SL	8	
PRG	1	FURNITURE & FIXTURES - G	06-30-2002	2,500	SL	5	
PRG	1	FURNITURE & FIXTURES - D	06-30-2003	2,489	SL	5	
PRG	1	FURNITURES & FIXTURES -	06-30-2003	7,700	SL	10	
PRG	1	FURNITURE & FIXTURES - F	06-30-2004	24,160	SL	30	805
PRG	1	FURNITURE & FIX- NURS. S	06-30-2005	4,750	SL	15	
PRG	1	FURNITURE & FIXTURES - B	06-30-2006	7,187	SL	10	
PRG	1	FURNITURE & FIXTURES - P	06-30-2007	1,739	SL	5	
PRG	1	FURNITURE & FIXTURES - P	06-30-2007	16,000	SL	15	
PRG	1	FURNITURE & FIX - METER,	06-30-2007	6,800	SL	10	
PRG	1	FURNITURE PLAYGROUND EQU	06-30-2008	10,400	SL	15	61
PRG	1	FURNITURE PLAYGROUND EQU	06-30-2008	10,240	SL	15	281
PRG	1	FURNITURE PLAYGROUND EQU	06-30-2008	14,600	SL	15	815
PRG	1	FURNITURE PLAYGROUND EQU	06-30-2008	26,175	SL	15	1,745
PRG	1	FURNITURE NS MOBILE STOR	06-30-2008	4,060	SL	7	
PRG	1	FURNITUR PURIFIER HARBOR	06-30-2008	2,896	SL	5	
PRG	1	FURNITURE WATERBATH	06-30-2008	2,379	SL	5	
PRG	1	FURNITURE HARBOR WATCH M	06-30-2009	2,549	SL	5	
PRG	1	FURNITURE NS TOUCHLESS F	06-30-2009	4,300	SL	5	
PRG	1	FURNITURE AUDITORIUM KIT	06-30-2011	5,403	SL	10	
PRG	1	FURNITURE COMPUTERS	06-30-2011	22,739	SL	5	
PRG	1	FURNITURE HW EQUIPMENT	01-31-2012	4,368	SL	10	
PRG	1	FURNITURE CARPETING	09-14-2012	25,808	SL	10	428
PRG	1	FURNITURE SPECTROPHOTOME	02-06-2013	4,560	SL	10	304
PRG	1	FURNITURE SMARTBOARD (DO	06-30-2013	1,000	SL	7	
PRG	1	FURNITURE SHED	06-30-2014	2,000	SL	20	100
PRG	1	FURNITURE FISHER SCIENTI	07-08-2015	1,042	SL	10	104
PRG	1	FURNITURE HOME DEPOT APP	07-20-2015	1,930	SL	10	193
PRG	1	IMP CAPITAL IMPROVEMENTS	06-30-1998	16,017	SL	40	400
PRG	1	IMP IMPROVEMENTS	06-30-1999	2,600	SL	40	65

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PRG	1	IMP CAPITAL IMPROVEMENTS	06-30-2000	13,378	SL	40	334
PRG	1	IMP CAPITAL IMPROVEMENTS	06-30-2001	469,360	SL	40	11,734
PRG	1	IMP CAPITAL IMPROVEMENTS	06-30-2002	40,120	SL	40	1,003
PRG	1	IMP CAPITAL IMPROVEMENTS	06-30-2007	7,797	SL	20	390
PRG	1	IMP CAPITAL IMPROVEMENTS	06-30-2010	127,515	SL	20	6,376
PRG	1	IMP AUDITORIUM CEILING	06-30-2010	26,063	SL	20	1,303
PRG	1	IMP ROOF	06-30-2011	67,141	SL	20	3,357
PRG	1	IMP AUDITORIUM KITCHEN	06-30-2011	22,418	SL	20	1,121
PRG	1	IMP WINDOWS	06-30-2011	123,981	SL	20	6,199
PRG	1	IMP A/C	06-30-2011	54,730	SL	7	
PRG	1	IMP LOBBY LIGHTING	06-30-2011	5,683	SL	20	284
PRG	1	IMP NS LIGHTING IN ROOMS	06-30-2011	5,587	SL	20	279
PRG	1	IMP NS FLOOR	06-30-2011	13,986	SL	20	699
PRG	1	IMP ACOUSTICS IN AUDITOR	06-30-2011	4,087	SL	20	204
PRG	1	IMP AUDITORIUM FLOOR	07-01-2011	16,938	SL	20	847
PRG	1	IMP PURGOLA	07-01-2011	6,065	SL	20	303
PRG	1	IMP ASBESTOS ABATEMENT	09-14-2012	9,600	SL	20	480
PRG	1	IMP TELEPHONE SYSTEM	08-14-2013	9,635	SL	5	
PRG	1	IMP ELECTRICAL WORK FOR	08-14-2013	1,100	SL	10	110
PRG	1	IMP FIRE DOOR AND FRAME	06-30-2014	1,683	SL	20	84
PRG	1	IMP CLASSROOM (OLD ECO L	06-30-2005	4,229	SL	10	
PRG	1	IMP GUTTERS	07-07-2015	1,250	SL	20	62
PRG	1	IMP SHOWER	11-02-2015	2,500	SL	20	125
PRG	1	IMP FENCE- BIRDS OF PREY	07-20-2015	1,900	SL	10	190
PRG	1	IMP CSPACE PROJECT INSTAL	10-23-2015	11,274	SL	20	564
PRG	1	IMP ENCON LIGHTING	12-31-2015	20,818	SL	20	1,041
PRG	1	IMP ENCON FURNACE	12-22-2015	40,180	SL	20	2,009
PRG	1	IMP ASBESTOS REMOVAL	10-26-2015	2,260	SL	20	113
PRG	1	IMP LIVING WALL	02-26-2016	1,938	SL	10	194
PRG	1	IMP OFFICE REMODEL	03-11-2016	2,141	SL	20	107
PRG	1	IMP STORE	04-01-2016	25,050	SL	20	1,252
PRG	1	IMP STORE PAINTING	06-30-2016	7,275	SL	5	
PRG	1	IMP BONAFIDE ELECTRICAL	09-25-2015	1,475	SL	20	74
PRG	1	IMP MHR DEVELOPMENT INST	12-23-2015	5,150	SL	20	257
PRG	1	IMP MUSEUM BUILDING	05-31-1961	165,925	SL	50	
PRG	1	IMP MUSEUM BUILDING	06-30-1986	16,671	SL	30	
PRG	1	IMP MUSEUM BUILDING	06-30-1987	4,707	SL	30	
PRG	1	IMP MUSEUM BUILDING	06-30-1988	4,604	SL	30	
PRG	1	IMP MUSEUM BUILDING	06-30-1988	7,000	SL	30	
PRG	1	IMP MUSEUM BUILDING	06-30-1988	1,161	SL	30	
PRG	1	IMP MUSEUM BUILDING	06-30-1988	38,145	SL	40	954
PRG	1	IMP MUSEUM BUILDING	06-30-1988	5,547	SL	40	139
PRG	1	IMP MUSEUM BUILDING	06-30-1989	51,309	SL	40	1,283
PRG	1	IMP MUSEUM BUILDING	06-30-1990	41,277	SL	40	1,032
PRG	1	IMP MUSEUM BUILDING	06-30-1991	17,165	SL	40	429
PRG	1	IMP MUSEUM BUILDING	06-30-1992	4,735	SL	10	
PRG	1	IMP MUSEUM BUILDING	06-30-1992	39,580	SL	40	989
PRG	1	IMP MUSEUM BUILDING	06-30-1993	283,223	SL	40	7,081
PRG	1	IMP MUSEUM BUILDING	06-30-1994	301,558	SL	40	7,539
PRG	1	IMP MUSEUM BUILDING	06-30-1996	6,333	SL	10	
PRG	1	IMP MUSEUM BUILDING	12-31-2011	96,058	SL	5	
PRG	1	IMP NS BATHROOM	10-01-2014	11,750	SL	15	783

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PRG	1	IMP PAYMENT TOWARD BATHR	10-01-2014	4,500	SL	15	300
PRG	1	IMP BATHROOM FINAL	10-01-2014	7,950	SL	15	530
PRG	1	IMP BATHROOM ARCHITECTUR	10-01-2014	4,000	SL	15	267
PRG	1	IMP PROJECTOR SCREEN	09-10-2014	1,420	SL	10	142
PRG	1	IMP HW LAB	07-01-2015	118,155	SL	39	3,030
PRG	1	IMP ALARM SYSTEM	07-01-2015	3,448	SL	39	88
PRG	1	EQUIP AUTOCLAVE	08-14-2013	44,821	SL	10	4,482
PRG	1	EQUIP AUTOCLAVE ELECTRIC	12-06-2013	1,610	SL	10	161
PRG	1	EQUIP PHONE SYSTEM	06-30-2014	2,450	SL	5	
PRG	1	EQUIP FIREWALL APPLIANCE	06-30-2014	1,099	SL	5	
PRG	1	EQUIP REACTOR & PARTS	06-30-2014	1,643	SL	10	164
PRG	1	EQUIP CANOE TRAILER	07-21-2014	3,180	SL	15	212
PRG	1	EQUIP NAVIGATION SYSTEM	10-15-2014	8,000	SL	15	533
PRG	1	EQUIP WATER PROBE	06-15-2015	4,591	SL	15	306
PRG	1	EQUIP 2 UV STERILIZERS	06-21-2016	5,340	SL	10	534
PRG	1	EQUIP 115V INCUBATOR	07-22-2015	2,919	SL	10	292
PRG	1	EQUIP 115V INCUBATOR	09-15-2015	2,919	SL	10	292
PRG	1	EQUIP AED	07-01-2015	1,895	SL	10	189
PRG	1	EQUIP FENCE - BIRDS OF P	07-01-2015	878	SL	10	88
PRG	1	EQUIP DO PROBES	06-01-2016	3,362	SL	10	336
PRG	1	EQUIP HYDROSOL MACHINE	04-18-2016	3,001	SL	10	300
PRG	1	EQUIP PORTABLE HAN	06-28-2016	1,668	SL	10	167
PRG	1	EQUIP PROJECTOR SCREEN &	02-01-2016	1,909	SL	10	191
PRG	1	EQUIP YSA INC	06-21-2016	6,736	SL	10	674
PRG	1	IMP 14 WOODSIDE LANE	08-31-2016	8,368	SL	20	418
PRG	1	IMP POND PROJECT	08-31-2016	940	SL	10	94
PRG	1	IMP AMPITHEATER	06-30-2017	24,484	SL	15	1,632
PRG	1	IMP POND PLATFORM	08-31-2016	34,322	SL	15	2,288
PRG	1	IMP UTDOOR CLASSROOM	09-30-2016	1,600	SL	15	107
PRG	1	EQUIP LAB EQUIPMENT	07-01-2016	3,020	SL	10	302
PRG	1	IMP CSPACE PROJECT INSTAL	09-30-2016	77,728	SL	10	7,773
PRG	1	IMP WEBSITE	02-28-2017	8,465	SL	3	
PRG	1	EQUIP ED BOX - GOES WITH	07-31-2016	279	SL	10	28
PRG	1	IMP ANIMAL HALL REMODEL	10-01-2017	75,000	SL	15	5,000
PRG	1	EQUIP LENOVO THINKPAD -	09-01-2017	1,348	SL	5	133
PRG	1	IMP BLDG IMPROVEMENTS -	05-01-2018	42,020	SL	15	2,801
PRG	1	IMP ANIMAL HALL FIRE PAN	10-01-2017	3,007	SL	10	301
PRG	1	EQUIP FIREWALL APPLIANCE	10-06-2017	4,000	SL	5	400
PRG	1	EQUIP PRESCHOOLPLAYGROUN	08-01-2017	6,400	SL	10	640
PRG	1	EQUIP INCUBATOR	06-01-2018	7,566	SL	5	757
PRG	1	IMP MALLOY ROOM FLOORING	08-16-2017	2,998	SL	15	200
PRG	1	EQUIP SERVER REPLACEMENT	04-24-2018	6,720	SL	5	672
PRG	1	FURN IKEA DESKS	07-01-2018	1,065	SL	7	152
PRG	1	FURN PLAYGROUND FENCE	08-29-2018	2,800	SL	15	187
PRG	1	FURN CRIBS	09-01-2018	3,246	SL	7	464
PRG	1	FURN COMMUNITY PLAYTHING	09-01-2018	1,584	SL	7	226
PRG	1	FURN DISCOUNT SCHOOL SUP	09-01-2018	1,523	SL	7	218
PRG	1	FURN LARK LABEL SIGNAGE	11-06-2018	5,495	SL	7	785
PRG	1	IMP NEST BUILDING IMPROV	09-01-2018	42,915	SL	20	2,146
PRG	1	EQUIP PLAYGROUND	10-08-2018	37,996	SL	15	2,533
PRG	1	EQUIP CANAAN TECH COMPUT	11-21-2018	4,093	SL	5	819
PRG	1	EQUIP CANAAN BACKUP AND	10-29-2018	2,665	SL	5	533

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PRG	1	EQUIP TRACTOR	12-08-2018	10,000	SL	7	1,429
PRG	1	EQUIP NEW CANAAN ALARM P	09-01-2018	4,470	SL	5	894
PRG	1	IMP EURO CUSTOM WOODWORK	01-31-2019	1,850	SL	20	92
PRG	1	IMP MARK ANDERSON WATER	06-30-2019	1,500	SL	20	75
PRG	1	EQUIP NEST EQUIPMENT	07-24-2018	970	SL	7	139
PRG	1	FURN LARK LABEL PANEL	08-01-2019	3,593	SL	5	719
PRG	1	IMP PLAYGROUND FLOOR	08-27-2020	3,300	SL	15	220
PRG	1	EQUIP SONIC WALL	10-20-2020	1,670	SL	5	334
PRG	1	EQUIP LENOVO COMPUTER	02-28-2021	1,073	SL	5	215
PRG	1	EQUIP COMPUTER	05-24-2021	1,843	SL	5	369
PRG	1	EQUIP COMPUTER	06-16-2021	1,354	SL	5	271
PRG	1	IMP AIR CONDITIONING PRO	12-31-2020	40,149	SL	39	1,029
PRG	1	EQUIP FENCE BY FENCECRAF	06-10-2021	2,596	SL	10	260
PRG	1	IMP OIL TAKE	05-02-2022	30,377	SL	20	1,519
PRG	1	FURN UPHOLSTERY	03-14-2022	4,987	SL	7	712
PRG	1	FURN COMMUNITY PLAYTHING	04-25-2022	1,146	M	7	316
PRG	1	EQUIP MICROSOFT STORE -	04-25-2022	7,445	M	5	2,829
PRG	1	EQUIP LENOVO COMPUTER	06-30-2022	1,350	M	5	513
PRG	1	EQUIP WALKIE TALKIES	07-01-2021	5,335	M	5	1,387
PRG	1	EQUIP SQUARE HARDWARE	08-01-2021	1,426	M	5	371
PRG	1	EQUIP CANAAN TECH	05-02-2022	3,185	M	5	1,210
PRG	1	IMP PAINTING	07-20-2021	9,851	M	5	2,561
PRG	1	EQUIP COMPUTER	07-01-2021	2,381	M	5	619
		TOTAL					141,126