

Return of Organization Exempt From Income Tax

2022

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section containing organization details: A For the 2022 calendar year, or tax year beginning 07-01, 2022, and ending 06-30, 2023; B Check if applicable; C Name of organization EARTHPLACE INC; D Employer identification number 06-0740523; E Telephone number (203) 557-4400; G Gross receipts \$ 6,228,418; I Tax-exempt status; J Website WWW.EARTHPLACE.ORG; K Form of organization; L Year of formation 1958; M State of legal domicile CT.

Part I Summary

Summary table with columns for line number, description, and amounts. Rows include: 1 Mission statement; 2-7 Governance and membership; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block and preparer information: Sign Here A MORRIS TOOKER, Treasurer; Paid Preparer Use Only JOHN J VISCONTI, Preparer's signature, Date 01-17-2024, Firm's name VISCONTI & ASSOCIATES, PC, Firm's address 444 FOXON ROAD, EAST HAVEN CT 06513, Firm's EIN P00027180, Phone no. 203-865-2927.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ 1,350,674 including grants of \$) (Revenue \$ 1,605,768) 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 \$ 531,238 including grants of \$) (Revenue \$ 89,871) 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 \$ 358,036 including grants of \$) (Revenue \$ 379,681) 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 \$ 844,298 including grants of \$) (Revenue \$ 40,351)

4e Total program service expenses 3,084,246

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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	105		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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 the 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, or any any disqualified or other person 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, Line Number, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 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, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 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 the 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, box 6 of 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			184,423	0	0	
(2) ARIEL DUNNE TRUSTEE	1.00	X					0	0	0	
(3) PEGGY S BUDD TRUSTEE	1.00	X					0	0	0	
(4) EMILY ZOBI TRUSTEE	1.00	X					0	0	0	
(5) DENISE TAIT TRUSTEE	1.00	X					0	0	0	
(6) ELIZABETH SACKSTEDER TRUSTEE	1.00	X					0	0	0	
(7) KENNETH BERNHARD BOARD ATTORNEY	1.00	X					0	0	0	
(8) ALLEN ROYCE TRUSTEE	1.00	X					0	0	0	
(9) DICK FERGUSON TRUSTEE	1.00	X					0	0	0	
(10) DIANA MASHIA TRUSTEE	1.00	X					0	0	0	
(11) MATTHEW MANDELL TRUSTEE	1.00	X					0	0	0	
(12) A MORRIS TOOKER TREASURER	1.00	X		X			0	0	0	
(13) JIM CORGEL CHAIR	1.00	X		X			0	0	0	
(14)										

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

(A) Name and title	(B) Average hours per week 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)							184,423	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	33,383				
	c Fundraising events	1c	63,787				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	451,452				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,228,685				
	g Noncash contributions included in lines 1a-1f	1g	\$ 29,700				
	h Total. Add lines 1a-1f		3,777,307				
Program Service Revenue			Business Code				
	2a PROGRAM FEES	900099	2,115,671	2,115,671			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		2,115,671					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		78,389			78,389	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	67,007			
			(ii) Personal				
			6b Less: rental expenses	6b	3,734		
	c Rental income or (loss)	6c	63,273				
	d Net rental income or (loss)		63,273			63,273	
	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 \$ 63,787 of contributions reported on line 1c). See Part IV, line 18	8a		140,530			
b Less: direct expenses			8b	57,844			
c Net income or (loss) from fundraising events				82,686			82,686
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		16,546				
		b Less: cost of goods sold	10b	16,039			
		c Net income or (loss) from sales of inventory		507		507	
Miscellaneous Revenue			Business Code				
	11a MISCELLANEOUS REVENUE	900099	32,968	32,968			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d		32,968					
12 Total revenue. See instructions		6,150,801	2,148,639	507	224,348		

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	175,000	61,250	17,500	96,250
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	2,229,068	1,886,043	198,869	144,156
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits	138,969	112,565	12,507	13,897
10	Payroll taxes	199,979	161,983	17,998	19,998
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.) . .	221,146	199,032	11,057	11,057
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	65,548	61,615	3,278	655
17	Travel	20,931	19,047	1,884	
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	156,539	126,797	14,088	15,654
23	Insurance	46,420	45,028	928	464
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	128,987	127,697	1,290	
b	CREDIT CARD PROCESSING FEES	86,788	80,714		6,074
c	ADMINISTRATIVE	98,579	75,906	13,801	8,872
d	UTILITIES	62,339	58,599	3,117	623
e	All other expenses _____	73,722	67,970	4,111	1,641
25	Total functional expenses. Add lines 1 through 24e. .	3,704,015	3,084,246	300,428	319,341
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	174,064	1	636,265
	2	Savings and temporary cash investments	832,350	2	3,046,907
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	491,860	4	50,989
	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	18,295	9	5,739
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,163,784		
	b	Less: accumulated depreciation	3,269,730	10c	1,894,054
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	167,109	15	465,675
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,617,059	16	6,099,629	
Liabilities	17	Accounts payable and accrued expenses	174,297	17	161,200
	18	Grants payable		18	
	19	Deferred revenue	778,397	19	782,357
	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	120,633	23	121,645
	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	10,200	25	47,490	
26	Total liabilities. Add lines 17 through 25	1,083,527	26	1,112,692	
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	2,413,710	27	4,856,825
	28	Net assets with donor restrictions	119,822	28	130,112
	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	2,533,532	32	4,986,937
33	Total liabilities and net assets/fund balances	3,617,059	33	6,099,629	

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	6,150,801
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,704,015
3	Revenue less expenses. Subtract line 2 from line 1	3	2,446,786
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,533,532
5	Net unrealized gains (losses) on investments	5	36,318
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	(29,699)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,986,937

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		

**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

2022

**Open to Public
Inspection**

Name of the organization EARTHPLACE INC	Employer identification number 06-0740523
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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 on 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	616,121	963,619	1,055,375	1,801,257	3,777,307	8,213,679
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	616,121	963,619	1,055,375	1,801,257	3,777,307	8,213,679
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.						8,213,679

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	616,121	963,619	1,055,375	1,801,257	3,777,307	8,213,679
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27,806	32,241	72,597	102,533	78,389	313,566
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	32,968	78,862
11 Total support. Add lines 7 through 10						8,606,107
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 2022 (line 6, column (f), divided by line 11, column (f))	14	95.44 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	94.01 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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 detailed 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.

2022

Name of the organization

EARTHPLACE INC

Employer identification number

06-0740523

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

[] 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

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	NATIONAL FISH & WILDLIFE FOUNDATION 1133 15ST NW SUITE 1100 WASHINGTON DC 20005	\$ 141,975	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UCONN 10 PROSPECT ST HARTFORD CT 06103	\$ 76,715	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CT HUMANITIES COUNCIL, INC 100 RIVERVIEW CENTER MIDDLETOWN CT 06457	\$ 177,651	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TOWN OF WESTPORT 110 MRYTLE AVE WESTPORT CT 06880	\$ 105,080	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	OFFICE OF THE STATE COMPTROLLER 165 CAPITOL AVE HARTFORD CT 06106	\$ 87,615	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MICHAEL B FALES IRREVOCABLE TRUST 200 BERINGER DRIVE GREENVILLE SC 29615	\$ 534,345	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EARTHPLACE INC	Employer identification number 06-0740523
---	---

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	NANCY FALES 200 BERINGER DR GREENVILLE SC 29615	\$ 2,091,895	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.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

EARTHPLACE INC

Employer identification number

06-0740523

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (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 held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - 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	1,350	2,900	1,580	2,029	2,439
d Grants or scholarships					
e Other expenditures for facilities and programs	1,350	2,900	1,580	2,029	2,439
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		2,942,045	1,827,696	1,114,349
c Leasehold improvements				
d Equipment		548,523	409,014	139,509
e Other		1,033,020	1,033,020	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,894,054

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) ROU LIABILITY	37,290	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	47,490	

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	6,278,486
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	36,318	
b	Donated services and use of facilities	2b	13,750	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	77,617	
e	Add lines 2a through 2d			127,685
3	Subtract line 2e from line 1		3	6,150,801
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			
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,150,801

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	3,795,382
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	13,750	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	77,617	
e	Add lines 2a through 2d			91,367
3	Subtract line 2e from line 1		3	3,704,015
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			
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,704,015

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 INCLUDING \$33,844 OF CASH EXPENSES AND \$24,000 OF NONCASH EXPENSES.

STORE EXPENSES NETTED AGAINST STORE GROSS RECEIPTS FOR \$16,039.

RENTAL EXPENSES NETTED AGAINST RENTAL INCOME FOR \$3,734.

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

SPECIAL EVENTS EXPENSES NETTED AGAINST FUNDRAISING REVENUE INCLUDING \$33,844 OF CASH EXPENSES AND \$24,000 OF NONCASH EXPENSES.

STORE EXPENSES NETTED AGAINST STORE GROSS RECEIPTS FOR \$16,039.

RENTAL EXPENSES NETTED AGAINST RENTAL INCOME FOR \$3,734.

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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

EARTHPLACE INC

Employer identification number

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.
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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>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	105,714	75,021	23,582	204,317
	2	Less: Contributions	26,001	25,986	10,000	61,987
	3	Gross income (line 1 minus line 2)	79,713	49,035	13,582	142,330
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		1,800		1,800
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	22,899	22,523	12,422	57,844
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					82,686

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

EARTHPLACE INC

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Employer identification number

06-0740523

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		x
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		x
c	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		x
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		x
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.		x
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?		x
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.		x
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANTHONY MCDOWELL EXECUTIVE DIRECTOR	(i)	164,423	20,000	0	0	0	184,423	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

EARTHPLACE INC

06-0740523

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FUNDRAISER CONS)	X	15	26,525	
26 Other (FUNDRAISER DONA)	X	8	3,175	
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

**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

2022

**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) 2022

Name of the organization

EARTHPLACE INC

Employer identification number

06-0740523

08. Explanation of other changes in net assets or fund balances (Part XI, line 9)

THERE WAS A BEGINNING BALANCE ADJUSTMENT FOR THE REQUIRED ADOPTION OF ASU 2016-02 LEASES,
WHICH REQUIRES ORGANIZATIONS THAT LEASE ASSETS TO RECOGNIZE ASSOCIATED ASSETS AND
LIABILITIES RELATED TO THE LEASES.

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)
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	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	

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	130,342

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 2022	17	9,806
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 2022 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					7,679
c 7-year property	#568					4,589
d 10-year property						
e 15-year property	#569					475
f 20-year property		4,320	20	MQ	150 DB	41
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			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 2022 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	152,932
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.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 07-01, 2022, and ending 06-30, 2023

2022

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 EARTHPLACE INC	EIN or SSN 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 type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
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 checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	0
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 2022 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 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 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 2022 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 01-17-2024

Part III Certification and Authentication

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

063110 54321
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 01-17-2024

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

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 07-01, 2022, and ending 06-30, 2023

2022

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>6,150,801</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

2022 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 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 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 2022 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 01-17-2024

Part III Certification and Authentication

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

063110 54321

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 01-17-2024

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

Statement of Program Service Accomplishments

2022 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	\$305846
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

Statement of Program Service Accomplishments

2022 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	\$211303
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

Statement of Program Service Accomplishments

2022 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	\$197617
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

Statement of Program Service Accomplishments

2022 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	\$95255
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$40351

EXPLANATION
OTHER PROGRAM

Statement of Program Service Accomplishments

2022 PG01

Name(s) as shown on return

Your Social Security Number

EARTHPLACE INC

06-0740523

FORM 990-PART III(E)
Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$34277
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

Federal Supporting Statements

2022 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
CLASS 3000 EXP	92,611
LESS CC FEES (THAT MOSTLY RELATE TO ORG TUITION)	(80,745)
CLASS 1500 GL 7010	
GLASS 1500 GL 7510	682
LESS COGS MOVED TO NEXT PAGE	<u>(9,003)</u>
TOTAL	<u><u>3,545</u></u>

FORM 4562 - LINE 19B

PG01
Statement #567

BASIS	RP	CV	METHOD	DEDUCTION
21,159	5	MQ	200 DB	5,290
6,124	5	MQ	200 DB	306
2,272	5	MQ	200 DB	795
1,456	5	MQ	200 DB	510
2,517	5	MQ	200 DB	629
2,988	5	MQ	200 DB	<u>149</u>
TOTAL				<u><u>7,679</u></u>

FORM 4562 - LINE 19C

PG01
Statement #568

BASIS	RP	CV	METHOD	DEDUCTION
15,458	7	MQ	200 DB	2,759
2,199	7	MQ	200 DB	79
3,483	7	MQ	200 DB	871
3,944	7	MQ	200 DB	422
12,432	7	MQ	200 DB	444
798	7	MQ	SL	<u>14</u>
TOTAL				<u><u>4,589</u></u>

Federal Supporting Statements

2022 PG01

Name(s) as shown on return

Tax ID Number

EARTHPLACE INC

06-0740523

FORM 4562 - LINE 19E

Statement #569

BASIS	RP	CV	METHOD	DEDUCTION
23,742	15	MQ	150 DB	297
14,259	15	MQ	150 DB	<u>178</u>
TOTAL				<u><u>475</u></u>

990

Overflow Statement

2022

Page 1

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

Name(s) as shown on return

EARTHPLACE INC

FEIN

06-0740523

Description	Amount
PRESCHOOL	\$ 1,151,029
NEST	199,645
Total:	\$ 1,350,674

Description	Amount
GL 5818	\$ 21,551
GL 5838	18,236
Total:	\$ 39,787

Description	Amount
FALL FEST	\$ 4,450
CLAMS	9,550
TOAST TO THE TREES	10,000
Total:	\$ 24,000

Description	Amount
FED GOVT	\$ 50,210
CT GOVT	286,866
MUNICIPAL GOVT	105,000
GOVT FEE FOR SERVICE CLASSED AS GRANT INTERSTATE ENVIRON	5,000
ERTC	4,376
Total:	\$ 451,452

Description	Amount
CONTRIBS AND GIFTS	\$ 3,147,991
GRANT NOT FROM GOVT	74,994
Total:	\$ 3,222,985

990

Overflow Statement

2022

Page 2

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

Name(s) as shown on return

EARTHPLACE INC

FEIN

06-0740523

<u>Description</u>	<u>Amount</u>
INVESTMENT INCOME	\$ 114,577
LESS UNREALIZED	(36,318)
INTEREST INCOME (MISC INC)	130
Total:	\$ 78,389

<u>Description</u>	<u>Amount</u>
TOTAL CASH EVENT REVENUE	\$ 180,317
LESS CONTRIBUTIONS FALL FEST	(21,551)
LESS CONTRIBUTIONS CLAMS	(18,236)
Total:	\$ 140,530

<u>Description</u>	<u>Amount</u>
EVENT CASH EXPENSE	\$ 33,844
EVENT NONCASH EXPENSE	24,000
Total:	\$ 57,844

<u>Description</u>	<u>Amount</u>
GL 5411 (STORE CLASS & HARBOR WATCH)	\$ 14,073
GL 5412 SNACKS	2,473
Total:	\$ 16,546

<u>Description</u>	<u>Amount</u>
GL 7010 RETAIL SALES	\$ 6,468
GL 7510 SUPPLIES	1,853
GL 8250 PERMITS	345
GL 8300 MEETINGS	23
GL 8400 INSURANCE	706
GL 8500 OCCUPANCY	2,026
GL 8600 REPAIRS & MAINTENANCE	445
GL 8800 SQUARE CC FEES	4,173
Total:	\$ 16,039

990

Overflow Statement

2022

Page 3

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

Name(s) as shown on return

EARTHPLACE INC

FEIN

06-0740523

<u>Description</u>	<u>Amount</u>
COMP	\$ 1,947,293
LESS TONY	(61,250)
Total:	\$ <u>1,886,043</u>

<u>Description</u>	<u>Amount</u>
COMP	\$ 216,369
LESS TONY	(17,500)
Total:	\$ <u>198,869</u>

<u>Description</u>	<u>Amount</u>
COMP	\$ 240,406
LESS TONY	(96,250)
Total:	\$ <u>144,156</u>

<u>Description</u>	<u>Amount</u>
	\$ 61,615
Total:	\$ <u>61,615</u>

<u>Description</u>	<u>Amount</u>
	\$ 3,278
Total:	\$ <u>3,278</u>

<u>Description</u>	<u>Amount</u>
	\$ 3,117
Total:	\$ <u>3,117</u>

Overflow Statement

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Name(s) as shown on return

EARTHPLACE INC

FEIN

06-0740523

Description	Amount
PERMITS	\$ 3,274
MAINTENANCE	34,350
MEETINGS	4,991
IN-KIND 35,196-9,841 SERVICES	25,355
Total:	\$ 67,970

Description	Amount
FUNDRAISING	\$ 806
PERMITS	2,678
MEETINGS	1,898
MAINTENANCE	1,827
DEVELOPMENT	636
LESS RENTAL EXP NETTED ON PAGE 9	(3,734)
Total:	\$ 4,111

Description	Amount
DEVELOPMENT	\$ 31,168
FUNDRAISING	39,505
SCH G EXP NETTED ON PAGE 9	(57,844)
MAINTENANCE	365
MEETINGS	141
LESS STORE EXP NETTED ON PAGE 9	(16,039)
IN KIND	4,345
Total:	\$ 1,641

Description	Amount
	\$ 14,715
	106,930
Total:	\$ 121,645

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EARTHPLACE INC

FEIN

06-0740523

Description	Amount
BUILDINGS AND BUILDING IMPROVEMENTS	\$ 2,942,045
Total:	\$ 2,942,045

Description	Amount
PY	\$ 1,791,692
CY ALLOC	36,004
Total:	\$ 1,827,696

Description	Amount
FURNITURE	\$ 290,143
MACHINERY AND EQUIPMENT	277,369
LESS VARIANCE FS	(18,989)
Total:	\$ 548,523

Description	Amount
PY	\$ 344,069
CY ALLOC	64,945
Total:	\$ 409,014

Description	Amount
EXHIBITS	\$ 1,033,020
Total:	\$ 1,033,020

Description	Amount
PY	\$ 977,761
CY ALLOC	55,259
Total:	\$ 1,033,020

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EARTHPLACE INC

FEIN

06-0740523

Description	Amount
AJE HEATING AND COOLING SERVICES	\$ 9,750
AJE PROJECT SERVICE DISCOUNT	2,000
AJE VET SERVICES	2,000
Total:	\$ 13,750

Description	Amount
RENTAL EXPENSES NETTED TO REVENUE ON PAGE 9	\$ 3,734
FUNDRAISING EXPENSES NETTED TO REVENUE ON PAGE 9	57,844
RETAIL EXP NETTED TO INCOME	16,039
Total:	\$ 77,617

Description	Amount
EXPENSE REDUCED BY FUNDRAISING EXP NETTED ON PAGE 9	\$ 3,734
EXPENSE REDUCED BY RENTAL EXP NETTED ON PAGE 9	57,844
EXPENSE REDUCED BY COGS EXP NETTED ON PAGE 9	16,039
Total:	\$ 77,617

Form 990-T Unrelated Trade or Business Income

Description	Amount
RETAIL SHOP	\$ 11,343
SNACK	2,469
SUSTAINABLE WESTPORT RETAIL SHOP	2,730
Total:	\$ 16,542

Form 990-T Unrelated Trade or Business Income

Description	Amount
2017	\$ 1,196
2018	2,200
2019	2,102
2020	1,072
2021	2,235
Total:	\$ 8,805

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EARTHPLACE INC

06-0740523

Form 990-T, Sch A Cost of Goods Sold

Description	Amount
RETAIL COGS GL 7010	\$ 6,468
GL 7500	2,535
Total:	\$ 9,003

Description	Amount
GL 5810 CASH	\$ 101,264
NON CASH AJE	4,450
Total:	\$ 105,714

Description	Amount
GL 5838	\$ 21,551
IN KIND AJE	4,450
Total:	\$ 26,001

Description	Amount
GL 7810 CASH EXP	\$ 18,449
NON CASH EXP	4,450
Total:	\$ 22,899

Description	Amount
GL 5830	\$ 65,471
IN KIND AJE	9,550
Total:	\$ 75,021

Description	Amount
GL 5838	\$ 18,236
IN KIND AJE (9,550 TOTAL 7,750 HERE & 1,800 PRIZES)	7,750
Total:	\$ 25,986

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EARTHPLACE INC

FEIN

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<u>Description</u>	<u>Amount</u>
IN KIND BOAT CRUISE	\$ 1,000
IN KIND BOAT RENTAL	800
Total:	\$ <u>1,800</u>

<u>Description</u>	<u>Amount</u>
GL 7830	\$ 12,973
NON CASH EXP	9,550
Total:	\$ <u>22,523</u>

<u>Description</u>	<u>Amount</u>
GL 5850	\$ 13,582
IN KIND	10,000
Total:	\$ <u>23,582</u>

<u>Description</u>	<u>Amount</u>
IN KIND AJE TOAST THE TREES	\$ 10,000
Total:	\$ <u>10,000</u>

<u>Description</u>	<u>Amount</u>
GL 7850	\$ 2,422
NON CASH EXP	10,000
Total:	\$ <u>12,422</u>

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Overflow Statement

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Name(s) as shown on return

EARTHPLACE INC

FEIN

06-0740523

Description	Amount
	\$ 2,500
	200
	350
	450
	1,800
	1,500
	1,750
	1,800
	225
	850
	1,750
	5,000
	2,500
	150
	5,700
Total:	\$ 26,525

Description	Amount
	\$ 375
	500
	175
	150
	100
	1,000
	800
	75
Total:	\$ 3,175

Description	Amount
OTHER REV	\$ 32,968
Total:	\$ 32,968

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Depreciation Detail Listing

Program Services
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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
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	5	3,071	315	3,386	315
9	14 WOODSIDE - TILE BA	10102012	2,200		100.00			2,200 20	SL HY	5	5	1,073	110	1,183	110
10	14 WOODSIDE - HANDRAI	10102012	1,100		100.00			1,100 20	SL HY	5	5	536	55	591	55
11	14 WOODSIDE - KITCHEN	10102012	2,400		100.00			2,400 20	SL HY	5	5	1,170	120	1,290	120
12	IMP HANDICAP RAMPS	09302014	1,880		100.00			1,880 20	SL HY	5	5	729	94	823	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	10	23,030	3,290	26,320	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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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		0	7,112		7,112	
50	EXHIBITS - MARION GRE	06302003	15,363		100.00			15,363	20	SL MQ	5	10,752	768	11,520	768
51	EXHIBITS - MISC TILE	06302003	3,636		100.00			3,636	20	SL MQ	5	2,548	182	2,730	182
52	EXHIBITS - MISC TILE	06302004	19,550		100.00			19,550	20	SL MQ	5	13,686	977	14,663	978
53	EXHIBITS - MARION GRE	06302005	39,523		100.00			39,523	20	SL MQ	5	27,664	1,976	29,640	1,976
54	EXHIBITS - MISC TILE	06302005	1,719		100.00			1,719	20	SL MQ	5	1,204	86	1,290	86
55	EXHIBITS - MARION GRE	06302006	15,265		100.00			15,265	20	SL MQ	5	10,683	763	11,446	763
56	EXHIBITS - MARION GRE	06302007	9,915		100.00			9,915	20	SL MQ	5	6,944	496	7,440	496
57	EXHIBITS - MISC TILE	06302008	13,367		100.00			13,367	20	SL MQ	5	9,353	668	10,021	668
58	EXHIBITS - MISC TILE	06302009	6,462		100.00			6,462	20	SL MQ	5	4,039	323	4,362	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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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	2,173	330	2,503	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	15,296	805	16,101	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		0	16,000		16,000	
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	10,339	61	10,400	61
86	FURNITURE PLAYGROUND	06302008	10,240		100.00			10,240	15	SL MQ	6.667	9,959	281	10,240	281
87	FURNITURE PLAYGROUND	06302008	14,600		100.00			14,600	15	SL MQ	6.667	13,785	815	14,600	815
88	FURNITURE PLAYGROUND	06302008	26,175		100.00			26,175	15	SL MQ	6.667	24,430	1,745	26,175	1,745
89	FURNITURE NS MOBILE S	06302008	4,060		100.00			4,060	7		0	4,060		4,060	
90	FURNITUR PURIFIER HAR	06302008	2,896		100.00			2,896	5		0	2,896		2,896	

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EARTHPLACE INC

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No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
91	FURNITURE WATERBATH	06302008	2,379		100.00			2,379	5		0	2,379		2,379	
92	FURNITURE HARBOR WATC	06302009	2,549		100.00			2,549	5		0	2,549		2,549	
93	FURNITURE NS TOUCHLES	06302009	4,300		100.00			4,300	5		0	4,300		4,300	
94	FURNITURE AUDITORIUM	06302011	5,403		100.00			5,403	10		0	5,403		5,403	
95	FURNITURE COMPUTERS	06302011	22,739		100.00			22,739	5		0	22,739		22,739	
96	FURNITURE HW EQUIPMEN	01312012	4,368		100.00			4,368	10		0	4,368		4,368	
97	FURNITURE CARPETING	09142012	25,808		100.00			25,808	10	SL HY	10	25,380	428	25,808	428
98	FURNITURE SPECTROPHOT	02062013	4,560		100.00			4,560	10	SL HY	10	4,256	304	4,560	304
99	FURNITURE SMARTBOARD	06302013	1,000		100.00			1,000	7		0	1,000		1,000	
100	FURNITURE SHED	06302014	2,000		100.00			2,000	20	SL HY	5	800	100	900	100
101	FURNITURE FISHER SCIE	07082015	1,042		100.00			1,042	10	SL HY	10	728	104	832	104
102	IMP CAPITAL IMPROVEME	06301998	16,017		100.00			16,017	40	SL MM	2.5	9,801	400	10,201	400
103	IMP IMPROVEMENTS	06301999	2,600		100.00			2,600	40	SL MM	2.5	1,527	65	1,592	65
104	IMP CAPITAL IMPROVEME	06302000	13,378		100.00			13,378	40	SL MM	2.5	7,516	334	7,850	334
105	IMP CAPITAL IMPROVEME	06302001	469,360		100.00			469,360	40	SL MM	2.5	252,281	11,734	264,015	11,734
106	IMP CAPITAL IMPROVEME	06302002	40,120		100.00			40,120	40	SL MM	2.5	20,060	1,003	21,063	1,003
107	IMP CAPITAL IMPROVEME	06302007	7,797		100.00			7,797	20	SL MQ	5	5,850	390	6,240	390
108	IMP CAPITAL IMPROVEME	06302010	127,515		100.00			127,515	20	SL MQ	5	74,386	6,376	80,762	6,376
109	IMP AUDITORIUM CEILIN	06302010	26,063		100.00			26,063	20	SL MQ	5	16,070	1,303	17,373	1,303
110	IMP ROOF	06302011	67,141		100.00			67,141	20	SL MQ	5	39,165	3,357	42,522	3,357
111	IMP AUDITORIUM KITCHE	06302011	22,418		100.00			22,418	20	SL MQ	5	12,705	1,121	13,826	1,121
112	IMP WINDOWS	06302011	123,981		100.00			123,981	20	SL MQ	5	71,547	6,199	77,746	6,199
113	IMP A/C	06302011	54,730		100.00			54,730	7		0	54,730		54,730	
114	IMP LOBBY LIGHTING	06302011	5,683		100.00			5,683	20	SL MQ	5	3,230	284	3,514	284
115	IMP NS LIGHTING IN RO	06302011	5,587		100.00			5,587	20	SL MQ	5	3,198	279	3,477	279
116	IMP NS FLOOR	06302011	13,986		100.00			13,986	20	SL MQ	5	7,836	699	8,535	699
117	IMP ACOUSTICS IN AUDI	06302011	4,087		100.00			4,087	20	SL MQ	5	2,296	204	2,500	204
118	IMP AUDITORIUM FLOOR	07012011	16,938		100.00			16,938	20	SL HY	5	9,317	847	10,164	847
119	IMP PURGOLA	07012011	6,065		100.00			6,065	20	SL HY	5	3,334	303	3,637	303
120	IMP ASBESTOS ABATEMEN	09142012	9,600		100.00			9,600	20	SL HY	5	4,720	480	5,200	480

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Depreciation Detail Listing

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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
121	IMP TELEPHONE SYSTEM	08142013	9,635		100.00			9,635	5		0	9,635		9,635	
122	IMP ELECTRICAL WORK F	08142013	1,100		100.00			1,100	10	SL HY	10	926	110	1,036	110
123	IMP FIRE DOOR AND FRA	06302014	1,683		100.00			1,683	20	SL HY	5	672	84	756	84
124	IMP CLASSROOM (OLD EC	06302005	4,229		100.00			4,229	10		0	4,229		4,229	
125	IMP GUTTERS	07072015	1,250		100.00			1,250	20	SL HY	5	436	62	498	63
126	IMP SHOWER	11022015	2,500		100.00			2,500	20	SL HY	5	833	125	958	125
127	IMP FENCE- BIRDS OF P	07202015	1,900		100.00			1,900	10	SL HY	10	1,314	190	1,504	190
128	IMP CPACE PROJECT INS	10232015	11,274		100.00			11,274	20	SL HY	5	3,760	564	4,324	564
129	IMP ENCON LIGHTING	12312015	20,818		100.00			20,818	20	SL HY	5	6,766	1,041	7,807	1,041
130	IMP ENCON FURNACE	12222015	40,180		100.00			40,180	20	SL HY	5	13,059	2,009	15,068	2,009
131	IMP ASBESTOS REMOVAL	10262015	2,260		100.00			2,260	20	SL HY	5	753	113	866	113
132	IMP LIVING WALL	02262016	1,938		100.00			1,938	10	SL HY	10	1,229	194	1,423	194
133	IMP OFFICE REMODEL	03112016	2,141		100.00			2,141	20	SL HY	5	678	107	785	107
134	IMP STORE	04012016	25,050		100.00			25,050	20	SL HY	5	7,826	1,252	9,078	1,252
135	IMP STORE PAINTING	06302016	7,275		100.00			7,275	5		0	7,275		7,275	
136	IMP BONAFIDE ELECTRIC	09252015	1,475		100.00			1,475	20	SL HY	5	499	74	573	74
137	IMP MHR DEVELOPMENT I	12232015	5,150		100.00			5,150	20	SL HY	5	1,672	257	1,929	258
138	IMP MUSEUM BUILDING	05311961	165,925		100.00			165,925	50		0	165,925		165,925	
139	IMP MUSEUM BUILDING	06301986	16,671		100.00			16,671	30		0	16,671		16,671	
140	IMP MUSEUM BUILDING	06301987	4,707		100.00			4,707	30		0	4,707		4,707	
141	IMP MUSEUM BUILDING	06301988	4,604		100.00			4,604	30		0	4,604		4,604	
142	IMP MUSEUM BUILDING	06301988	7,000		100.00			7,000	30		0	7,000		7,000	
143	IMP MUSEUM BUILDING	06301988	1,161		100.00			1,161	30		0	1,161		1,161	
144	IMP MUSEUM BUILDING	06301988	38,145		100.00			38,145	40	SL MM	2.5	32,435	954	33,389	954
145	IMP MUSEUM BUILDING	06301988	5,547		100.00			5,547	40	SL MM	2.5	4,725	139	4,864	139
146	IMP MUSEUM BUILDING	06301989	51,309		100.00			51,309	40	SL MM	2.5	42,979	1,283	44,262	1,283
147	IMP MUSEUM BUILDING	06301990	41,277		100.00			41,277	40	SL MM	2.5	33,540	1,032	34,572	1,032
148	IMP MUSEUM BUILDING	06301991	17,165		100.00			17,165	40	SL MM	2.5	13,516	429	13,945	429
149	IMP MUSEUM BUILDING	06301992	4,735		100.00			4,735	10		0	4,735		4,735	
150	IMP MUSEUM BUILDING	06301992	39,580		100.00			39,580	40	SL MM	2.5	30,189	989	31,178	990

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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
151	IMP MUSEUM BUILDING	06301993	283,223		100.00			283,223	40	SL MM	2.5	207,318	7,081	214,399	7,081
152	IMP MUSEUM BUILDING	06301994	301,558		100.00			301,558	40	SL MM	2.5	217,150	7,539	224,689	7,539
153	IMP MUSEUM BUILDING	06301996	6,333		100.00			6,333	10		0	6,333		6,333	
154	IMP MUSEUM BUILDING	12312011	96,058		100.00			96,058	5		0	96,058		96,058	
155	IMP NS BATHROOM	10012014	11,750		100.00			11,750	15	SL HY	6.667	6,069	783	6,852	783
156	IMP PAYMENT TOWARD BA	10012014	4,500		100.00			4,500	15	SL HY	6.667	2,325	300	2,625	300
157	IMP BATHROOM FINAL	10012014	7,950		100.00			7,950	15	SL HY	6.667	4,108	530	4,638	530
158	IMP BATHROOM ARCHITEC	10012014	4,000		100.00			4,000	15	SL HY	6.667	2,069	267	2,336	267
159	IMP PROJECTOR SCREEN	09102014	1,420		100.00			1,420	10	SL HY	10	1,112	142	1,254	142
160	IMP HW LAB	07012015	118,155		100.00			118,155	39	SL MM	2.564	21,210	3,030	24,240	3,030
161	IMP ALARM SYSTEM	07012015	3,448		100.00			3,448	39	SL MM	2.564	616	88	704	88
162	EQUIP AUTOCLAVE	08142013	44,821		100.00			44,821	10	SL HY	10	37,724	4,482	42,206	4,482
163	EQUIP AUTOCLAVE ELECT	12062013	1,610		100.00			1,610	10	SL HY	10	1,301	161	1,462	161
164	EQUIP PHONE SYSTEM	06302014	2,450		100.00			2,450	5		0	2,450		2,450	
165	EQUIP FIREWALL APPLIA	06302014	1,099		100.00			1,099	5		0	1,099		1,099	
166	EQUIP REACTOR & PARTS	06302014	1,643		100.00			1,643	10	SL HY	10	1,312	164	1,476	164
167	EQUIP CANOE TRAILER	07212014	3,180		100.00			3,180	15	SL HY	6.667	1,678	212	1,890	212
168	EQUIP NAVIGATION SYST	10152014	8,000		100.00			8,000	15	SL HY	6.667	4,131	533	4,664	533
169	EQUIP WATER PROBE	06152015	4,591		100.00			4,591	15	SL HY	6.667	2,168	306	2,474	306
170	EQUIP 2 UV STERILIZER	06212016	5,340		100.00			5,340	10	SL HY	10	3,204	534	3,738	534
171	EQUIP 115V INCUBATOR	07222015	2,919		100.00			2,919	10	SL HY	10	2,020	292	2,312	292
172	EQUIP 115V INCUBATOR	09152015	2,919		100.00			2,919	10	SL HY	10	1,995	292	2,287	292
173	EQUIP AED	07012015	1,895		100.00			1,895	10	SL HY	10	1,326	189	1,515	190
174	EQUIP FENCE - BIRDS O	07012015	878		100.00			878	10	SL HY	10	616	88	704	88
175	EQUIP DO PROBES	06012016	3,362		100.00			3,362	10	SL HY	10	2,044	336	2,380	336
176	EQUIP HYDROSOL MACHIN	04182016	3,001		100.00			3,001	10	SL HY	10	1,850	300	2,150	300
177	EQUIP PORTABLE HAN	06282016	1,668		100.00			1,668	10	SL HY	10	1,002	167	1,169	167
178	EQUIP PROJECTOR SCREE	02012016	1,909		100.00			1,909	10	SL HY	10	1,226	191	1,417	191
179	EQUIP YSA INC	06212016	6,736		100.00			6,736	10	SL HY	10	4,044	674	4,718	674
180	IMP 14 WOODSIDE LANE	08312016	8,368		100.00			8,368	20	SL HY	5	2,439	418	2,857	418

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EARTHPLACE INC

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No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
181	IMP POND PROJECT	08312016	940		100.00			940	10	SL HY	10	548	94	642	94
182	IMP AMPITHEATER	06302017	24,484		100.00			24,484	15	SL HY	6.667	8,160	1,632	9,792	1,632
183	IMP POND PLATFORM	08312016	34,322		100.00			34,322	15	SL HY	6.667	13,347	2,288	15,635	2,288
184	IMP UTDOOR CLASSROOM	09302016	1,600		100.00			1,600	15	SL HY	6.667	615	107	722	107
185	EQUIP LAB EQUIPMENT	07012016	3,020		100.00			3,020	10	SL HY	10	1,812	302	2,114	302
186	IMP CSPACE PROJECT INS	09302016	77,728		100.00			77,728	10	SL HY	10	41,780	7,773	49,553	7,773
187	IMP WEBSITE	02282017	8,465		100.00			8,465	3		0	8,465		8,465	
188	EQUIP ED BOX - GOES W	07312016	279		100.00			279	10	SL HY	10	166	28	194	28
189	IMP ANIMAL HALL REMOD	10012017	75,000		100.00			75,000	15	SL HY	6.667	22,500	5,000	27,500	5,000
190	EQUIP LENOVO THINKPAD	09012017	1,348		100.00			1,348	5	SL HY	20	1,215	133	1,348	133
191	IMP BLDG IMPROVEMENTS	05012018	42,020		100.00			42,020	15	SL HY	6.667	12,605	2,801	15,406	2,801
192	EQUIP FIREWALL APPLIA	10062017	4,000		100.00			4,000	5	SL HY	20	3,600	400	4,000	400
193	EQUIP PRESCHOOLPLAYGR	08012017	6,400		100.00			6,400	10	SL HY	10	2,880	640	3,520	640
194	EQUIP INCUBATOR	06012018	7,566		100.00			7,566	5	SL HY	20	6,809	757	7,566	757
195	IMP MALLOY ROOM FLOOR	08162017	2,998		100.00			2,998	15	SL HY	6.667	900	200	1,100	200
196	EQUIP SERVER REPLACEM	04242018	6,720		100.00			6,720	5	SL HY	20	6,048	672	6,720	672
197	FURN IKEA DESKS	07012018	1,065		100.00			1,065	7	SL HY	14.286	532	152	684	152
198	FURN PLAYGROUND FENCE	08292018	2,800		100.00			2,800	15	SL HY	6.667	654	187	841	187
199	FURN CRIBS	09012018	3,246		100.00			3,246	7	SL HY	14.286	1,624	464	2,088	464
200	FURN COMMUNITY PLAYTH	09012018	1,584		100.00			1,584	7	SL HY	14.286	791	226	1,017	226
201	FURN DISCOUNT SCHOOL	09012018	1,523		100.00			1,523	7	SL HY	14.286	763	218	981	218
202	FURN LARK LABEL SIGNA	11062018	5,495		100.00			5,495	7	SL HY	14.286	2,748	785	3,533	785
203	IMP NEST BUILDING IMP	09012018	42,915		100.00			42,915	20	SL HY	5	7,511	2,146	9,657	2,146
204	EQUIP PLAYGROUND	10082018	37,996		100.00			37,996	15	SL HY	6.667	8,866	2,533	11,399	2,533
205	EQUIP CANAAN TECH COM	11212018	4,093		100.00			4,093	5	SL HY	20	2,866	819	3,685	819
206	EQUIP CANAAN BACKUP A	10292018	2,665		100.00			2,665	5	SL HY	20	1,866	533	2,399	533
207	EQUIP TRACTOR	12082018	10,000		100.00			10,000	7	SL HY	14.286	5,001	1,429	6,430	1,429
208	EQUIP NEW CANAAN ALAR	09012018	4,470		100.00			4,470	5	SL HY	20	3,129	894	4,023	894
209	IMP EURO CUSTOM WOODW	01312019	1,850		100.00			1,850	20	SL HY	5	322	92	414	92
210	IMP MARK ANDERSON WAT	06302019	1,500		100.00			1,500	20	SL HY	5	263	75	338	75

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211	EUQIP NEST EQUIPMENT	07242018	970		100.00			970	7	SL HY	14.286	486	139	625	139
212	FURN LARK LABEL PANEL	08012019	3,593		100.00			3,593	5	SL HY	20	1,797	719	2,516	719
213	IMP PLAYGROUND FLOOR	08272020	3,300		100.00			3,300	15	SL MQ	6.667	413	220	633	220
214	EQUIP SONIC WALL	10202020	1,670		100.00			1,670	5	SL MQ	20	543	334	877	334
215	EQUIP LENOVO COMPUTER	02282021	1,073		100.00			1,073	5	SL MQ	20	295	215	510	215
216	EQUIP COMPUTER	05242021	1,843		100.00			1,843	5	SL MQ	20	415	369	784	369
217	EQUIP COMPUTER	06162021	1,354		100.00			1,354	5	SL MQ	20	305	271	576	271
218	IMP AIR CONDITIONING	12312020	40,149		100.00			40,149	39	SL MM	2.564	1,587	1,029	2,616	1,029
219	EQUIP FENCE BY FENCEC	06102021	2,596		100.00			2,596	10	SL MQ	10	292	260	552	260
220	IMP OIL TAKE	05022022	30,377		100.00			30,377	20	SL MQ	5	190	1,519	1,709	1,519
221	FURN UPHOLSTERY	03142022	4,987		100.00			4,987	7	SL MQ	14.286	267	712	979	712
222	FURN COMMUNITY PLAYTH	04252022	1,146		100.00			1,146	7	200 DB MQ	27.55	41	316	357	316
223	EQUIP MICROSOFT STORE	04252022	7,445		100.00			7,445	5	200 DB MQ	38	372	2,829	3,201	2,829
224	EQUIP LENOVO COMPUTER	06302022	1,350		100.00			1,350	5	200 DB MQ	38	68	513	581	513
225	EQUIP WALKIE TALKIES	07012021	5,335		100.00			5,335	5	200 DB MQ	26	1,867	1,387	3,254	1,387
226	EQUIP SQUARE HARDWARE	08012021	1,426		100.00			1,426	5	200 DB MQ	26	499	371	870	371
227	EQUIP CANAAN TECH	05022022	3,185		100.00			3,185	5	200 DB MQ	38	159	1,210	1,369	1,210
228	IMP PAINTING	07202021	9,851		100.00			9,851	5	200 DB MQ	26	3,448	2,561	6,009	2,561
229	EQUIP COMPUTER	07012021	2,381		100.00			2,381	5	200 DB MQ	26	833	619	1,452	619
230	IMP DATA IDK IN LAB R	04042023	23,742		100.00			23,742	15	150 DB MQ	1.25		297	297	297
231	IMP OURDOOR WIRELESS	04042023	14,259		100.00			14,259	15	150 DB MQ	1.25		178	178	178
232	EQUIP AIR HANDLER	11302022	21,159		100.00			21,159	5	200 DB MQ	25		5,290	5,290	5,290
233	EQUIP SOIL AIR SYSTEM	05182023	6,124		100.00			6,124	5	200 DB MQ	5		306	306	306
234	IMP NEW WALKWAY	05292023	4,320		100.00			4,320	20	150 DB MQ	.938		41	41	41
235	FUR NEW TABLE AND CHA	10272022	15,458		100.00			15,458	7	200 DB MQ	17.85		2,759	2,759	2,759
236	FUR LARK LEVEL SIGN	05062023	2,199		100.00			2,199	7	200 DB MQ	3.57		79	79	79
237	EQUIP LAPTOP	07192022	2,272		100.00			2,272	5	200 DB MQ	35		795	795	795
238	EQUIP LAPTOP	08102022	1,456		100.00			1,456	5	200 DB MQ	35		510	510	510
239	FURN WASHER AND DRYER	09192022	3,483		100.00			3,483	7	200 DB MQ	25		871	871	871
240	EQUIP LAPTOP	11152022	2,517		100.00			2,517	5	200 DB MQ	25		629	629	629

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241	FURN BLOWER MOTOR	01172023	3,944		100.00			3,944	7	200 DB MQ	10.71		422	422	422
242	FURN WATER PURIFICATI	04112023	12,432		100.00			12,432	7	200 DB MQ	3.57		444	444	444
243	EQUIP LIGHT	04132023	2,988		100.00			2,988	5	200 DB MQ	5		149	149	149
244	FURNITURE HOME DEPOT	07202015	1,930		100.00			1,930	10	SL HY	10	1,335	193	1,528	193
245	IMP ANIMAL HALL FIRE	10012017	3,007		100.00			3,007	10	SL HY	10	1,354	301	1,655	301
246	FURN REFRIDGE	06302023	798		100.00			798	7	SL MQ	1.786		14	14	14
Totals			5,164,068					4,523,871				3,113,821	152,932	3,266,753	152,937

Land Amount
Net Depreciable Cost

5,164,068

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

152,932

ST ADJ:

Next Year's Depreciation Worksheet

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EARTHPLACE INC

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Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	10 WOODSIDE LANE	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

Next Year's Depreciation Worksheet

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Name(s) as shown on return

Tax ID Number

EARTHPLACE INC

06-0740523

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
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	
PRG	1	FURNITURE PLAYGROUND EQU	06-30-2008	10,240	SL	15	
PRG	1	FURNITURE PLAYGROUND EQU	06-30-2008	14,600	SL	15	
PRG	1	FURNITURE PLAYGROUND EQU	06-30-2008	26,175	SL	15	
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	
PRG	1	FURNITURE SPECTROPHOTOME	02-06-2013	4,560	SL	10	
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	IMP CAPITAL IMPROVEMENTS	06-30-1998	16,017	SL	40	400
PRG	1	IMP IMPROVEMENTS	06-30-1999	2,600	SL	40	65
PRG	1	IMP CAPITAL IMPROVEMENTS	06-30-2000	13,378	SL	40	334

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EARTHPLACE INC

06-0740523

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
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	64
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
PRG	1	IMP PAYMENT TOWARD BATHR	10-01-2014	4,500	SL	15	300

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2022

Name(s) as shown on return

Tax ID Number

EARTHPLACE INC

06-0740523

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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	2,615
PRG	1	EQUIP AUTOCLAVE ELECTRIC	12-06-2013	1,610	SL	10	148
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	
PRG	1	IMP BLDG IMPROVEMENTS -	05-01-2018	42,020	SL	15	2,801
PRG	1	EQUIP FIREWALL APPLIANCE	10-06-2017	4,000	SL	5	
PRG	1	EQUIP PRESCHOOLPLAYGROUN	08-01-2017	6,400	SL	10	640
PRG	1	EQUIP INCUBATOR	06-01-2018	7,566	SL	5	
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	
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	408
PRG	1	EQUIP CANAAN BACKUP AND	10-29-2018	2,665	SL	5	266
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	447

Next Year's Depreciation Worksheet

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Name(s) as shown on return

Tax ID Number

EARTHPLACE INC

06-0740523

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
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	EUQIP 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	226
PRG	1	EQUIP MICROSOFT STORE -	04-25-2022	7,445	M	5	1,697
PRG	1	EQUIP LENOVO COMPUTER	06-30-2022	1,350	M	5	308
PRG	1	EQUIP WALKIE TALKIES	07-01-2021	5,335	M	5	832
PRG	1	EQUIP SQUARE HARDWARE	08-01-2021	1,426	M	5	222
PRG	1	EQUIP CANAAN TECH	05-02-2022	3,185	M	5	726
PRG	1	IMP PAINTING	07-20-2021	9,851	M	5	1,537
PRG	1	EQUIP COMPUTER	07-01-2021	2,381	M	5	371
PRG	1	IMP DATA IDK IN LAB ROOM	04-04-2023	23,742	M	15	2,346
PRG	1	IMP OURDOOR WIRELESS	04-04-2023	14,259	M	15	1,409
PRG	1	EQUIP AIR HANDLER	11-30-2022	21,159	M	5	6,348
PRG	1	EQUIP SOIL AIR SYSTEM	05-18-2023	6,124	M	5	2,327
PRG	1	IMP NEW WALKWAY	05-29-2023	4,320	M	20	321
PRG	1	FUR NEW TABLE AND CHAIRS	10-27-2022	15,458	M	7	3,628
PRG	1	FUR LARK LEVEL SIGN	05-06-2023	2,199	M	7	606
PRG	1	EQUIP LAPTOP	07-19-2022	2,272	M	5	591
PRG	1	EQUIP LAPTOP	08-10-2022	1,456	M	5	379
PRG	1	FURN WASHER AND DRYER	09-19-2022	3,483	M	7	746
PRG	1	EQUIP LAPTOP	11-15-2022	2,517	M	5	755
PRG	1	FURN BLOWER MOTOR	01-17-2023	3,944	M	7	1,006
PRG	1	FURN WATER PURIFICATION	04-11-2023	12,432	M	7	3,425
PRG	1	EQUIP LIGHT	04-13-2023	2,988	M	5	1,135
PRG	1	FURNITURE HOME DEPOT	07-20-2015	1,930	SL	10	193
PRG	1	IMP ANIMAL HALL FIRE PAN	10-01-2017	3,007	SL	10	301
PRG	1	FURN REFRIDGE	06-30-2023	798	SL	7	114
		TOTAL					153,728

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Tax Exempt
Diagnostic Summary

2022

Name
EARTHPLACE INC

Employer Identification #
06-0740523

Demographics

Mailing Address:

10 WOODSIDE LANE
WESTPORT, CT 06880

Phone: (203)557-4400

Resident State: CT

Diagnostics

Preparer: JOHN J VISCONTI

Invoice:

Date: 01-17-2024

Return Information

Item on Return	2022 Federal	2021 Federal (If available)
Total Revenue	6,150,801	3,825,424
Total Expenses	3,704,015	3,212,398
Net Excess (Deficit)	2,446,786	613,026
Net Assets or Fund Balances	4,986,937	2,533,532

State/City Information

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