

Return of Organization Exempt From Income Tax
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.

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	Living Classroom PO Box 4121 Los Altos, CA 94024	45-5192035
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		415-699-8707
<input type="checkbox"/> Final return/terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		496,221.
<input type="checkbox"/> Application pending	F Name and address of principal officer:	H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Same As C Above	H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If "No," attach a list. (See instructions)</small>
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶	www.living-classroom.org	
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2013 M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>We inspire children to learn and value our natural world through garden-based education.</u>		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	13
	6	Total number of volunteers (estimate if necessary)	6	93
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	357,901.	286,775.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,565.	209,378.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77.	68.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	465,543.	496,221.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	347,428.	321,805.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		33,837.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	73,907.	89,088.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	421,335.	410,893.	
	19 Revenue less expenses. Subtract line 18 from line 12	44,208.	85,328.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	33,795.	118,900.
	22	Net assets or fund balances. Subtract line 21 from line 20	223.	0.
			33,572.	118,900.

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.

Sign Here	Signature of officer	Date
	Katrina Morkner <small>Type or print name and title</small>	President

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ SLESNICK & SLESNICK				Firm's EIN ▶
	Firm's address ▶ 860 DARIEN WAY SAN FRANCISCO, CA 94127				Phone no.

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