

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

G Do not enter social security numbers on this form as it may be made public.
G Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public
Inspection

A For the 2021 calendar year, or tax year beginning 7/01, 2021, and ending 6/30, 2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Living Classroom PO Box 4121 Los Altos, CA 94024	D Employer identification number 45-5192035 E Telephone number 415-699-8707 G Gross receipts \$ <u>315,452.</u>
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F Name and address of principal officer: Same As C Above	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
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I Tax-exempt status: 501(c)(3) 501(c) () H (insert no.) 4947(a)(1) or 527

J Website: G www.living-classroom.org **H(c)** Group exemption number G

K Form of organization: Corporation Trust Association Other G **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: We inspire children to learn and value our natural world through garden-based education.

2	Check this box G <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	<u>5</u>
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>5</u>
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>13</u>
6	Total number of volunteers (estimate if necessary)	6	<u>93</u>
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0.</u>

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	<u>195,586.</u>	<u>183,558.</u>
9	Program service revenue (Part VIII, line 2g)	<u>147,150.</u>	<u>131,863.</u>
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>225.</u>	<u>31.</u>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>342,961.</u>	<u>315,452.</u>

		Prior Year	Current Year
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)	<u>261,504.</u>	<u>333,588.</u>
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) G <u>32,874.</u>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>64,709.</u>	<u>32,580.</u>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>326,213.</u>	<u>366,168.</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>16,748.</u>	<u>-50,716.</u>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	<u>135,648.</u>	<u>84,771.</u>
21	Total liabilities (Part X, line 26)	<u>0.</u>	<u>-161.</u>
22	Net assets or fund balances. Subtract line 21 from line 20	<u>135,648.</u>	<u>84,932.</u>

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	A _____ Signature of officer	_____ Date
	A <u>Victoria Moore</u> Type or print name and title	President

Paid Preparer Use Only	Print/Type preparer's name <u>Tanya Slesnick</u>	Preparer's signature <u>Tanya Slesnick</u>	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P00232480</u>
	Firm's name G <u>SLESNICK & SLESNICK</u>				Firm's EIN G <u>943311272</u>
	Firm's address G <u>860 DARIEN WAY</u> <u>SAN FRANCISCO, CA 94127</u>				Phone no.

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